LZO 000 308649

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

SUBJEC			e e	, p
SOMEC			ited Liability Company	<u>_</u>
The enclo	Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: Joshua G. Roberts			
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Joshua G. Roberts		
			Name of Person	
			Firm/Company	
		904 SW Paul Pearce LN		
			Address	
		Lakle City, FL 32024		
			City/State and Zip Code	
		-	to be used for future appearance not	ification
For furthe	r information c		•	meanony
Joshua G.	Roberts			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
Division of Corporations				
	P.O. Box 632 Fallahassee, I			Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Take 2 investments LLC	
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
	Company were filed on September 30, 2020 and assign
lorida document number L20000308649	·
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
he new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADI	DRESS)
	2021
Enter new mailing address, if applicable:	
	27 —
Mailing address MAY BE A POST OFFICE BOX	
	· • •
3. If amending the registered agent and/or register	red office address on our records, <u>enter the name of life new re</u>
gent and/or the new registered office address here	2:
Name of New Registered Agent:	
New Registered Office Address:	
1.6. Register Office / Bulesa.	Enter Florida street address
	, Florida
	, F10f1Q4

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Emily Jean Clark	136 SW Happiness LN, Lake City, FL 32025	≣ Add
			□Remove
			□Change
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fective date, if other than the date of filing:		(opt	ional)	
fective date, if other than the date of filing:	pe prior to date of filing applicable statutory	or more than 90 days after filing requirements, the	r tiling.) Pursuant is date will not b	to 605,020 se listed a
cument's effective date on the Department of State's r	ecords.	,		
record specifies a delayed effective date, but not an effe	oring time at 12:01.	one and the could be off (h) Thin Oosh dii.	
is filed.	tive time, at 12,012	i.m. on the carrier or. (o) The 90th day	y anter the
January 19 2021				
nted	·			
Askue II Signature of a member	-			