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| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | usiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 10/28/2020 | | **WALK IN* |
|------------------------|--|------------|
| ENTITY NAME IGH INV | ESTMENT GROUP, LLC | |
| | | |
| DOCUMENT NUMBER_ | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| | Plain Copy | |
| | Certified Copy | |
| xxxx | Certificate of Status | |
| **P | LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing | 74** |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINATI | DN | |
| NUMBER OF CERTIFICAT | ES REQUESTED | |
| TOTAL OWED \$30.00 | ACCOUNT #: 12016 | |
| Please call Tina at th | e above number for any issues or concerns, Than | |

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|---|--|
| | ESTMENT GROUP, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | DAVID FORBES | | |
| | | Name of Person | |
| | IGH INVESTMENT GRO | OUP, LLC | |
| | | Firm/Company | |
| | 901 N.W. 141 ST AVE U | NIT 208 | |
| | | Address | |
| | PEMBROKE PINES, FL. | 33028 | |
| | | City/State and Zip Code | |
| | IGHINVESTMENTGROU | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information | concerning this matter, please c | all: | |
| DAVID FORBES | | 954 366 8562 | |
| Name o | of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | the following amount: | | |
| [2] \$25,00 Filing Fee | ■ \$30.00 Fiting Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre Registration | | Street Address: | etion |
| Division of C | | Registration Sec Division of Cor | |
| P.O. Box 632 | 27 | The Centre of T | allahassee |
| Tallahassee | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Florida document number L20000327897 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new, registered. | IGH INVESTMENT GROUP, LLC | |
|--|--|---|
| Florida document number L20000327897 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered. | (Name of the Limited Liab) (A Flori | ility Company as it now appears on our records.) ida Limited Liability Company) |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered | | Company were filed on 10/15/2020 and assigned |
| A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered | Florida document number 1.20000327897 | · |
| The new name must be distinguishable and contain the words "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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered | This amendment is submitted to amend the following: | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered. | A. If amending name, enter the new name of the lir | mited liability company here: |
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| B. If amending the registered agent and/or registered office address on our records, enter the name of the new, registered | | |
| | (Mailing address MAY BE A POST OFFICE BOX) | |
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| | B. If amending the registered agent and/or register | red office address on our records, enter the name of the new registered |
| $\mathcal{O}_{$ | agent and/or the new registered office address here: | |
| ••• _ • | | |
| Name of New Registered Agent: | Name of New Registered Agent: | |
| New Registered Office Address: | New Registered Office Address: | က ကို ကို ကို ကို ကို ကို ကို ကို ကို ကိ |
| Enter Floridu street address | Ten registera Office Address. | Enter Florida street address |
| , Florida | | . Florida |

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.

Citv

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> | <u>Address</u> | Type of Action |
|--------------|--------------|--------------------------------------|-----------------|
| MGR | DAVID FORBES | 901 N.W. 141 ST AVE UNIT 208 PEMBROR | Œ PIRE! ≣Add |
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| an effectiv l <u>ote:</u> If th | | ite must be specific this block does n | and cannot be prio of meet the appli | cable statutory filir | | ling.) Pursuant to 605.0207 date will not be listed as |
| record sp is filed. | ecifies a delayed ef | ffective date, but | not an effective (| time, at 12:01 a.m. | on the earlier of: (b) | The 90th day after the |
| ated | 28/2020 | | | | | |
| aicu | F) . Q | | | <u> </u> | | |
| | _/Van | Signature o | f a member or auth | norized representative | of a member | |
| | | | | | | |

Filing Fee: \$25.00