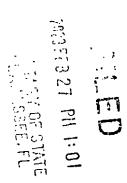
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R. HUNT 02/27/23

COVER LETTER

TO: Registration Se Division of Cor				
	ndo Invest LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Tyler Johnson			
		Name of Person		
	Threlkeld Law, P.A.			-~)
		Firm/Company		(1) (1) (1)
		Address		1 1
	Naples, FL 34103		ာက အက ကြာတ	PH 1: 02
		City/State and Zip Code		. 0
	tyler@napleslegal.net		<u> </u>	2
	E-mail address: ((to be used for future annual report not)	lication)	
For further information of	concerning this matter, please o	call:		
Tyler Johnson		239 234-5034		
Name o	of Person	at () Area Code Daytim	e Telephone Number	-
Enclosed is a check for the	he following amount:			
≘ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
Mailing Addres Registration		Street Address: Registration Sec	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632 Tallahassee.		The Centre of T	`allahassee e Street, Suite 810	
rananassee.	L L. J.と.J l **	271J 14. (VIUIIU)	e Succe. Same ord	

Tallahassee. FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naples Condo Invest LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>v) </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000384856</u>	were filed on December 9, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		ن نين سام
		2
Enter new mailing address, if applicable:		23 - III
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	S
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

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.

If Changing Registered Agent, Signature of New Registered Agent

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	The Borda Living Trust dtd 9/27/17	15275 Collier Blvd., #201/269	= Add
		Naples, Fl. 34119	□Remove
		<u></u>	□Change
			DAdd
			□ Remove
			27 Add TT
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ective date, if other affective date is listed te: If the date insert cument's effective date	, the date must be ed in this block	e specific an k does not	id cannot be meet the a	prior to d pplicable	ate of filing statutory	or more than Thing requir	90 days aft	ional) er filing.) P nis date wi	ursuant to	605.0207 listed as
cord specifies a dela s filed.	yed effective d	ate, but no	t an effec	tive time,	at 12:01 a	m. on the e	arlier of: (b) The S	90th day	after the
ed February 23	Sna	<u> </u>	2023							
/\										
	Sy	gnature of a	member o	r authorize	d representa	itive of a me	nber			_

Filing Fee: \$25.00