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Certified Copies	Certificates	s of Status
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2/16/21

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		INVESTMENTS, LLC		
		Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Meliss	Q Pratt Name of Person	
		ER Lar	nd Investi	ments, LLC
		1817 SW	Cape har-	t Ave
		Port Sa	City/State and Zip Code	-, FC 3\$953
		MS mells E-mail address:	to be used for future annual report noti	amalle com
For furth	er information co	oncerning this matter, please co	all:	
Ma	Name of	a Pratt Person	at (954) 71 (Area Code Daytim	of Telephone Number
Enclosed	is a check for the	e following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	N4212			

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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abbreviation "L.L.C."
and assigned

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.

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

Title	Name	<u>Address</u>	Type of Action
AMBR	PETTIGREW, DELANO	4528 SW 54TH STREET, #305,	□ Add
		FORT LAUDERDALE, FL 33314 UN	■Remove
			□Change
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date the listed in this block does not meet the applicable s	
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at	(12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
January 6 /2 2021	
ited	

Typed or printed name of signee