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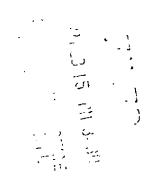
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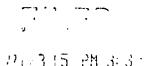
COVER LETTER

TO:

	nvestments LLC.		
306JEC1:	Name of Lim	ited 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:	
	Roshan Brown		
		Name of Person	
	Make Investme	nts LLC.	
		Firm/Company	
	4429 Hollywood Blvd	d #814686	
		Address	
Name of Person Make Investments LLC. Firm/Company 4429 Hollywood Blvd #814686 Address Hollywood, FL 33081 City/State and Zip Code makeinvestmentsllc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Roshan Brown Roshan Brown Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Escious discontinuation concerning fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (certificate of Status)			
For further information e			port notification)
Roshan Browr	١	954	997- 6238
Name o	f Person		Daytime Telephone Number
	he following amount:		
\ /		Certified Copy	Certificate of Status &
Division of C	Corporations	Division	of Corporations
rananassee, i	1 L J = J T	271J IN.	monioc sticet, suite o to

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



		**4 = 2	119 111 9-9
Make Investments LLC			· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Compa (A Florida Limited	i <mark>ny as it now appea</mark> Liability Company)	rs on our records.)	, , , , , , , , ,
The Articles of Organization for this Limited Liability Company Florida document numberL21000042766	were filed on	2.2 1/ 28 /2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. <u>-</u> -	
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 agent and/or the new registered office address here:	address on our	records, <u>enter the</u>	name of the new regi
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
		, Florid	٥

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 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>	Address	Type of Action
AMBR	Sean Beard	6860 W Wedgewood Ave, Davie FL 33331	XiAdd
			Remove
			🗆 Add
		□Remove	
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
		<u>.</u>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

If amendir	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
··		
-		
(If an effective Note: If the	ate, if other than the date of filing:	0207 (3 d as th
the record spectral is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	February 14 2022	
	Signature of a member of authorized representative of a member	
	Roshan Brown	
	Typed or printed name of signee	

Filing Fee: \$25.00