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TALLAHASSEE, FLORIDA

1 1 1 1 C C C AM 8:

Make Inves	tments LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The continue A Amilalan of	Amountain and Contact and	miteral Carefilia	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Nikita Gregory		
		Name of Person	
	Make Investments LLC.		
		Firm/Company	
	P.O. Box 770536		
		Address	
	Orlando, FL 32877		
	makeinvestmentslle@gmail	City/State and Zip Code .com	-
	E-mail address: (to be used for future annual repor	t notification)
For further information of	concerning this matter, please c	all:	
Nikita Gregory		815 688-628	
Name c	of Person	at () Area Code D	aytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy tadditional copy is enclosed
Mailing Addre		Street Addre	
Registration	Section	Registration	n Section

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

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TO:

Registration Section Division of Corporations

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

ARTICLES OF ORGANIZATION OF

FILED 2023 JUL 25 AM 8: 2

Make Investments LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor	mpany were filed on $\frac{1/22}{1}$	2/2021 FALLAHASSE STATE and assigned LORID		
Florida document number L21000042766	÷			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	255 S Orange Av	e.		
(Principal office address MUST BE A STREET ADDRE	Suite 104 #2040			
	Orlando, FL 328)1		
Enter new mailing address, if applicable:	P.O. Box 770536			
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 328	77		
B. If amending the registered agent and/or registered (agent and/or the new registered office address here:	office address on our re	cords, enter the name of the new registered		
Name of New Registered Agent: Nikita G	Nikita Gregory			
New Registered Office Address: 255 S Or	range Ave. Suite 104 #204)		
	Enter Flor	da street address		
Orlando		, Florida		
	City	Zip Code		

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
		-	□Add
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ective date, if other than the reffective date is listed, the date mute: If the date inserted in this becoment's effective date on the D	lock does not m Department of Si	eet the applicatate's records.	ible statutory	filing require	nents. this d	ate will n	ot be li	sted as
ecord specifies a delayed effectives filed.	ve date, but not	an effective ti	ne, at 12:01	a,m, on the ear	tier of: (b)	The 90th	day af	ter the
July 20		2023						
./·	lozh	Ag-	_ :					
 	Signature of a n	andher or autho	rived concessor	tativa afa mamb	ner.			