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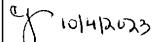
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COVER LETTER

TO:

Tallahassee, FL 32314

| | ation Section n of Corporations | ś | | | | |
|---|------------------------------------|---|---|---|--|--|
| SUBJECT: | | 3902 - | Investments | LLC | | |
| SUBJECT: | | • | nited Liability Company | | | |
| | | | | | | |
| The enclosed An | ticles of Amendme | ent and fee(s) are sub | omitted for filing. | | | |
| Please return all | correspondence co | oncerning this matter | to the following: | | | |
| | | Micha | le) Darma | | | |
| | | | Name of Person | | | |
| | | 3 | 902 Investmen | ts LLC | | |
| | | 14- | 784 NW 87 th | ct | | |
| | | | Address | | | |
| | | | Miamr FL 33 | 018 | | |
| | | | City/State and Zip Code Oarna (Coma) (to be used for future annual report noti | | | |
| or further infor | mation concerning | this matter, please o | • | | | |
| M | Name of Person | <u>larnon</u> | at (<u>786)</u> <u>395</u> - | 9859 e Telephone Number | | |
| | | | | | | |
| Enclosed is a che | eck for the following | ng amount: | | | | |
| S25.00 Filing | | 0.00 Filing Fee & ertificate 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) | | |
| | Address: | | Street Address: | | | |
| Registration Section Division of Corporations | | | Registration Section Division of Corporations | | | |
| | Sox 6327 | - | The Centre of T | • | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Investmen | · - | 2023 STO 21 AH 7: |
|---|--|-------------------------------|----------------------------|
| (Name of the Limited (A | <u>Liability Company as it now a</u> Florida Limited Liability Comp | ppears on our records.) any) | C) Rii j. |
| The Articles of Organization for this Limited Liabi | lity Company were filed o | n 3/16/2 | and assigned |
| This amendment is submitted to amend the following | ng: A-20100 1 | MGR | |
| A. If amending name, enter the new name of th | e limited liability compa | nv here: | |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," | ' the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl | e: | | |
| (Principal office address MUST BE A STREET A | (DDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | |
| | | | |
| B. If amending the registered agent and/or regi agent and/or the new registered office address h | | our records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Ente | r Florida street address | |
| - | 7.5. | , Florid; | a Zip Code |
| | 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|---------------------------------------|--------------------------------------|
| MGR | Master Salvicci LLC | 560 NE 102 nt st | [\sqrt{\sqrt{\sqrt{\lambda}}} \] Add |
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| fective date | , if other than t | he date of fili | no: | | fn | ptional) | |
| an effective dat ote: If the da | e is listed, the date r | must be specific a s block does not | nd cannot be prior meet the applic | able statutory fil | more than 90 days a | ptional) after filing.) Pursuant to this date will not be | o 605.0207 (e listed as t |
| ecord specifi is filed. | es a delayed effec | rtive date, but no | ot an effective t | ime, at 12:01 a.n | n. on the earlier of | : (b) The 90th day | after the |
| nted <u>≤e</u> | ptember | 12 | . 2023 | <u>)</u> . | | | |
| | | | Han | orized representati | S of a mumbur | | _ |
| | | | - 1 | Oas NO | | | |
| | | | , | ed name of signee | | | _ |

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