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Special Instructions to	Filing Officer:	
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TO: Registration Section
Division of Corporations

SUBJECT:	ISON INVE	STMENTS OF FLORIDA, L.	LC		
		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Cammie Warburton			
			Name of Person		
		Corporate Direct, Inc.			
			Firm/Company		
		2248 Meridian Blvd., Suite	· H		
			Address		
		Minden, NV 89423			
			City/State and Zip Code	. .	
		cwarburton@corporatedirec			
		E-mail address: (i	to be used for future annual r	report notification)	-
For further in	iformation co	oncerning this matter, please ea	nII:		
Cammie Wa			775 284 at ()	-7162	
	Name of	Person	at () Area Code	Daytime Telepho	one Number
Enclosed is a	check for th	e following amount:			
■ \$25.00 H	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ISON INVESTMENTS OF FLORIDA, 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 Company were filed on 05/05/2021 Florida document number L21000210724	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(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 address on our records, enter the nar	ne of the new regis
gent and/or the new registered office address here:	:53
	•
Name of New Registered Agent:	*.
New Registered Office Address:	
Enter Florida street address	
Florida	₹.

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.

City

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
MGR	IAON, DAREL D, II	PO Box 2869	□Add
		Jackson, WY 83001	■Remove
			□Change
MGR	ISON, DAREL D, II	PO Box 2869	■Add
		Jackson, WY 83001	□Remove
			□ Change
			□Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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iore: ir di	e date inscribe in this plock	does not meet the application	to date of filing or more the able statutory filing requ	an 90 days after filing.) Pursua uirements, this date will no	nt to 605.0207 (t be listed as t
ocument's	effective date on the Depa	rtment of State's records.	, , ,		
record spe l is filed.	cifies a delayed effective d	ate, but not an effective tir	ne, at 12:01 a.m. on the	e earlier of: (b) The 90th	day after the
ated May	25,	2021			
	7)	/// /////////////////////////////////	<u> </u>		
-	Carran (Valburton			
	Sĩg	nature of a member or autho	rized representative of a n	nember	
(Cammie Warburton				
-		Typed or printe	d name of signee		

Filing Fee: \$25.00