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(Requestor's Name)	
(Address)	
(Address)	6
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

Division of Cor	porations			
SUBJECT:		S INVESTMENTS L.L.C.		
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company		
	17350 STATE HWY 249,	#22()		
		Address		
	HOUSTON, TX, 77064	City/State and Zip Code		
	EFILE1234@INCFILE.CO	M		
		to be used for future annual report notifi	ication)	
	oncerning this matter, please ca			
LOVETTE DOBSON		888 462-3453 at ()		
Name c	n' Person	Area Code Daytime	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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addres		Street Address: Registration Sec	stion	
Registration Section Division of Corporations		Division of Corp	porations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
i alialiassee.	1 L J2J1T	Tallahassee, FL		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOIR BROTHERS INV		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/02/2021	and assigned
lorida document number 1.21000255418		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" (
Enter new principal offices address, if applicable:		2021
Principal office address MUST BE A STREET ADDRESS)		2021 001
		1
		P :3
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u> l	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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, 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	DARIUS PHILPART	3901 NW 79TH AVE, STE 245 #3900	
		MIAMI, FL 33166	\ \overline{\overlin
			□Change
			□Add
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			□Add
			□Remove
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			Change
		_	
			Remove
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			□Change

Effective date, if other than the date of filing: fan effective date, if other than the date of filing: fan effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 805-02-07 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. record 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 d is filed. Aired SEPTEMBER, 30 2021 August August Signature of a member of authorized representative of a member.		
Effective date, if other than the date of filing: (a) (optional) (a) (a) (a) (a) (a) (b) (b) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		•
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David Anna		
Signature of a member or authorized representative of a member		_SEPTEMBER, 30 2021
)ate	David North