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SECRETARY OF STAT

Y. SCOTT SEP 10 2023

## COVER LETTER

TO: Registration Se Division of Cor		,	•
MAJESTIC SUBJECT:	MOUNTAIN INVESTMENT	TS LLC	
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LIE TAN		
	•	Name of Person	
	MAJESTIC MOUNTAIN	INVESTMENTS LLC	
		Firm-Company	
	730 BLOOMINGDALE D	PR	2023 AUG 16 PM 3: 32 SECRETARY OF STATE TALL AHASSEE, FL
	<u> </u>	Address	AUG AUG
	DAVENPORT, FL 33897		ARY OF S
		City/State and Zip Code	SE PR
	Majesticmountaininvestmen		E STS
For further information e	n-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	incation) $-11 3$
Lie Tan		541 621-2603	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration (		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAJESTIC MOUNTAIN 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 Company were filed on 06/07/2021 and assigned Florida document number 1.21000262410This 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 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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. Thereby 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>	<u>Address</u>	Type of Action
AMBR	JOSEPH R. HORSLEY	3801 CHERRY LANE	■Add
		MEDFORD, OR 97504	□Remove
			□Change
			□Add
			Remove 7023 AUG 16 PM 3: 92 TALL AHASSEE, FL
			TARY OF STATE
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(If an effective c Note: If the	te, if other that date is listed, the d date inserted in effective date or	ate must be speci this block does	tic and cannot not meet the	ie applicable	ate of filing or n statutory filir	iore than 90 day	( <b>optional)</b> s after filing.) s, this date	Pursuant to € will not be l	605,0207 (3) isted as the
he record spec ord is filed.	ities a delayed c	ffective date, b	ut not an ef	fective time.	at 12:01 a.m.	on the earlier	of: (b) The	90th day a	fter the
Dated	18/30	7-3							
	$IX\Lambda$	IIII	1/ /						

Filing Fee: \$25.00

Typed or printed name of signee