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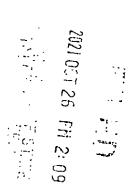
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A. BUTLER NOV 1 0 2021

COVER LETTER

	gistration Se ision of Cor	ion Section of Corporations			
CHDIEZT.	-	h Investment LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Megan Belcourt			
			Name of Person	 	
		Souza's Tax & Accounting	Professionals Inc		
			Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: In Belcourt Name of Person		
		6239 Edgewater Drive, Su			
			Address		
		Orlando, FL 32810			
			City/State and Zip Code		
		incorporating@souzatax.co		ication)	
For further in	iformation c	oncerning this matter, please ca		Kumon,	
Megan Belc	ourt				
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
	ling Addres		Street Address: Registration Sec	tion	

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

Saint Joseph Investment LLC

2021 OCT 26 PM 2: 09

(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 $\frac{06/28/2021}{2}$ Florida document number _L21000297587 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 abbreviation "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 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, I hereby confirm that the limited liability company has been notified in writing of this change.

Cin

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>	Name	Address	Type of Action
MGR	Christian Ruiz	238 Killington Way	= Add
		Orlando, FL 32835	□Remove
			☐ Change
MGR	Erick Toro	4385 Queensway Drive	
		Jacksonville, FL 32257	≣Remove
			□ Change
			□Remove
			Change
			□Add
			Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Channe

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(If an effecti - <u>Note:</u> - If t	e date, if other than the date of filing:)20 d as
ne record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after .	the
Dated		
	* Cultiful.	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00