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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Archer Freeman Investments Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wone Verable Name of Person
Archer Freenan Touest ments
3021 Grace St Address
Melbourne Fl 32904 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (205) 401-0300 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$60.00 Filing

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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability C	Company)
The Articles of Organization for this Limited Liability Company were fil Florida document number <u>LQ 1000</u> 318 978	ed on 7/13/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con Archev Freeman Investment in the new name must be distinguishable and contain the words "Limited Liability Compa	
Enter new principal offices address, if applicable:	7-23 444 (**)
(Principal office address MUST BE A STREET ADDRESS)	
	- 72
Enter new mailing address, if applicable:	. TB
Mailing address MAY BE A POST OFFICE BOX)	<u></u>
3. If amending the registered agent and/or registered office address of gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	on our records, <u>enter the name of the new regis</u>
	Enter Florida street address
	Florida
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
			
			🗀 Remove
			□ Change
			□Add
			□Remove
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ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be prior to dete: If the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0. le statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, s filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed 7-19-2021.	
(M.n. 1)	malle
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