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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations			
CHULTCT.		NVESTMENT LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	I Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		ROBERT G. HARRIS. ES	nitted for filing.  o the following:  ).  Name of Person  RT G. HARRIS, P.A.  Firm/Company  K RD SUITE 202  Address  City/State and Zip Code  o be used for future annual report notification)  II:  at (		
	Name of Person				
		LAW OFFICES OF ROBE	RT G. HARRIS, P.A.		
	Firm/Company				
7280 W. PALMETTO PARK RD SUITE 202					
			Address	<del></del>	
		BOCA RATON, FL 33433			
			City/State and Zip Code	<del></del>	
		rharris571@aol.com	o be used for future annual report notific	ation)	
For further in	nformation c	oncerning this matter, please ca			
ROBERT G	. HARRIS				
	Name o	f Person	Area Code Daytime	Felephone Number	
Enclosed is a	a check for th	ne following amount:			
<b>■</b> \$25,00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
	iling Addres			ion	
Dis	vision of C	ornorations	Division of Corpo	orations	

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUSTIS INVESTMENT LLC	<u></u>	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 8/20/2021	and assigned
lorida document number 1.21000374963		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
MUSTIS INVESTMENTS LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Cnter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	S)	<u> </u>
		<del></del>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	20952 DELAGADO TERRACE	
rianing unaress MAT BE ATTOOT OF THEE BOAY	BOCA RATON, FL 33433	
		123
3. If amending the registered agent and/or registered of	fice address on our records, enter the na	- 1
gent and/or the new registered office address here:		
		i 
Name of New Registered Agent:		
N. P. i. 1007 4.11		
New Registered Office Address:	Enter Florida street address	30
	Florida	·
•	City	Ziv 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
		<del></del>	Change
			□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			□Change
		<u> </u>	Remove
	_		□ Change
			□Remove
			ElChango

an effectiv lote: If t	date, if other than the date of filing:	0207 Las
record sp Lis 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
ated	10/21. 2021.	
_	Signature of a member or authorized representative of a member?	
	Typed or printed name of signed	