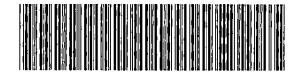
## L21000389923

(Req	uestor's Name)	
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	ress)	
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		•
167 Burnin	g Tree, LLC		·
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kathleen	McFadden	
		Name of Person	·
	Bigham Jewelers, Inc.		
	·	Firm/Company	
	2425 Tamiami Trail N. Su	ite 101	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Naples, FL 34103		
		City/State and Zip Code	
	KM@bighamjewelers.com		
	E-mail address: (	to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please c	all:	
Samantha MacLeod		239 649-5200 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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	:s:	Street Address:	
Registration 5		Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•
Tallahassee.			e Street, Suite 810
		Tallahassee, FL	. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

167 Burning Tree, LLC		ż .
(Name of the Limited Liability	Company as it now appears on our records.) imited Liability Company)	
(// 1 10104 12	unico maonity company)	63 1.0
he Articles of Organization for this Limited Liability Cor	mpany were filed on 08/31/2021	
lorida document number L21000389923		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
Bigham Capital Investments, LLC		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
<u> Principal office address MUST BE A STREET ADDRE</u>	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered $\epsilon$	office address on our records, enter the	name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	umer i toriaa sireet aaaress	
	Florid	a
	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
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□ Change
			□Add
			□Remove
			□ Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□ Change
			□ Add
			□Remove
			□ Change

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n effecti <u>te:</u> If t	date, if other than the date of filing:
cord sp s 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
ed	Dec. 15T 2023
	Signatury of a premoer or authorized representative of a member
	Kathy Bigham, Manager
	ready trighall, brailager