## 121000407191

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## **COVER LETTER**

TO:	Registration Sec Division of Corp				<b>g</b> ʻ
SUBJE	ест: <u>10-8</u>	Name of Line	TIONS LLC ited Liability Company		
The en	closed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Picase	return all correspor	ndence concerning this matter	to the following:		
		Lori Mill.	Name of Person	,,,,	
		10-98 INVE	STIGATIONS L Firm/Company	LC	
		Po Box 188	Address		
		Treaton, F	-L 32693 City/State and Zip Code		
		SHANENRYAN E-mail address: (	10 6 maje . Co	oort notification)	
For fur	ther information co	oncerning this matter, please c	all:		
Lo	r'Mile Name of	Person		82-9103 Daytime Telephon	e Number
Enclose	ed is a check for the	e following amount:			
<b>₩</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

10-8 Investigations 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 9-14-2021 Florida document number L21000407191 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 10-98 Investigations LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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

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 familian 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.

New Registered Agent's Signature, if changing 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>	Address	Type of Action
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