## L21 000 445 089

| (Requestor's Name)                      | _    |
|---|------|
| (Address)                               | _    |
| (Address)                               | ·    |
| (City/State/Zip/Phone #)                |      |
| PICK-UP WAIT                            | MAIL |
| (Business Entity Name)                  |      |
| (Document Number)                       |      |
| Certified Copies Certificates of State  | us   |
| Special Instructions to Filing Officer: |      |
|   |      |
|   |      |
|   |      |

Office Use Only

A. RIVERS
JAN 0 7 2022



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## **COVER LETTER**

| TO: Registration S<br>Division of Co |  |   |   |
|--------------------------------------|--|---|---|
| SUBJECT: R                           | Jolph Investm<br>Name of Limi                | nen+S LLC<br>ted Liability Company                                  | ························.   |
| The enclosed Articles o              | f Amendment and fee(s) are subt              | nitted for filing.  |   |
| Please return all corresp            | ondence concerning this matter t             | to the following:   |   |
|                                      | Eric   | zahniser  | -   |
|                                      |  | Name of Person  |   |
|                                      | <del></del>                                  | Firm/Company  |   |
|                                      | 369 Ensign                                   | Ave WW  | <del></del>   |
|                                      | <u> Cleen St</u>                             | NOVES WA  City/State and Zip Code                                   | 98569   |
|                                      | COYA/SPYIMA<br>E-mail address:               | SVEQLESTATE Paymobile be used for future annual report not          | ail. com  |
| For further information              | concerning this matter, please ca            | dl:   |   |
|                                      | Zahnisev<br>of Person                        | at (954) 40<br>Area Code Daytin                                     | 1-3032<br>ne Telephone Number   |
| Enclosed is a check for              | the 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)  **The control of the contr |
|                                      |  |   |   |

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<br>Florida Limited Liability Company)                                    | r records.)   |
|---|---|---|
| The Articles of Organization for this Limited Liab Florida document number L21000445  | oility Company were filed on 10116  | t   |
| This amendment is submitted to amend the follow   | ring:   |   |
| A. If amending name, enter the new name of the  | he limited liability company here:  |   |
| The new name must be distinguishable and contain the word   | ds "Limited Liability Company, the designation  | on "LLC., or the abbreviation "L.L.C.,,                                 |
| Enter new principal offices address, if applicab  | ele:  |   |
| (Principal office address MUST BE A STREET.   | ADDRESS)  | <u> </u>  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BO   | <u></u>   |   |
| B. If amending the registered agent and/or reg<br>agent and/or the new registered office address l  |   | , enter the name of the new registered                                  |
| Name of New Registered Agent:   |   |   |
| New Registered Office Address:  |   |   |
|   | Enter Florida stree   | et address  |
|   |   | , Florida Zip@ode   |
|   | City  |   |
| New Registered Agent's Signature, if changing Reg   |   | - E   |
| I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the rescompany has been notified in writing of this ch | and complete performance of my du<br>ered agent as provided for in Chapte<br>gistered office address, I hereby conj | ties, and I am familiar with and<br>r 605, F.S. Or, if this Tocument is |

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> | <u>Name</u>  | Address           | Type of Action |
|--------------|--------------|-------------------|----------------|
| MGR          | Daniel Moe   | 369 Ensign Ave NW |                |
|              |              | Ocean Shores WA   | Remove         |
|              |              | 98569             | □Change        |
| <del></del>  |              |                   | □∧dd           |
|              |              |                   | □Remove        |
|              |              |                   | □Change        |
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|              |              | □Add              |                |
|              |              |                   | □Remove        |
|              |              |                   | Change         |

| ). If amend                    | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|--------------------------------|---|
| <u> </u>                       |   |
|                                |   |
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|                                |   |
| Note: If                       | date, if other than the date of filing:  (optional)  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3), the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records. |
| the record s<br>ecord 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                          | December 5. 2021.   |
|                                | Signature of a member or authorized representative of a member  |
|                                | Eric Zahniser Typed or printed name of signee   |