L21000464036

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

| ro: Registration Sec Division of Corp | | • | |
|---|--|--|--|
| | E Commercial | LLC | |
| SORTECT:OOT | S INVESTMENT. Name of Limit | ed Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are subn | nitted for filing. | |
| Please return all correspo | ndence concerning this matter to | the following: | |
| | JAMES (| Name of Person | |
| | USES IN | Firm/Company | |
| | | Firm/Company | |
| | 905 CLIFF | OKD SIMS DR APT Address | 209 |
| | PORT 57 | City/State and Zip Code | |
| | JSES/NVESI | mENTS LLC D 9 mail | . Com |
| For further information of | e-mail address. (i | | |
| . 10-1 | 1 n m . C | 757 \ 7513 | 016 |
| Name o | of Person | at (757) 75/3 Area Code Daytime | Telephone Number |
| Enclosed is a check for | he following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addr Registration Division of P.O. Box 63 Tallahassee | Section Corporations 27 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations fallahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| USES INVESTMENTS, LLC (Name of the Limited Liability Company a (A Florida Limited Liab | |
|--|---|
| (Name of the Limited Liability Company a (A Florida Limited Liab | lity Company) |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L21 500 46 4036</u> | re filed on OCT 25, 2021 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability | company here: |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | 2022 |
| 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 here: Name of New Registered Agent: New Registered Office Address: | JUN-5 PM 1:05 |
| | , Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document 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> | Name | Address | I vpe of Action |
|--------------|---------------|-----------------------|-----------------|
| 16R/AMBR | JAMES WATKINS | 905 CLIFFORD SIMS DR | ZÁdd |
| , | | HPT 109 | □Remove |
| | | PORT ST JOE, FL 32456 | □Change |
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| lf ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | fective date, if other than the date of filing: |
| he reco ord is f | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled. |
| Dated | JUN 6 2022 |
| | |
| | Signature of a member or authorized representative of a member |
| | |
| | JAMES WATIKINS Typed or printed name of signee |

Filing Fee: \$25.00