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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	е)
(Dx	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

COVER LETTER

Registration Section

TO:

Division of Con	rporations			
Noir Chat I	nvestments LLC			
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
riedse return un correspo	machee emeeting and made	te die foliowaig.		
	William K Brown			
		Name of Person		
	Noir Chat Investments, LL			
		Firm/Company		
	111 2nd Ave NE, Suite 360)		
	<u></u>	Address		
	St Petersburg, FL 33701	Audress		
	Ser etersolarger 12 3 7 01			
	<u> </u>	City/State and Zip Code	,	
	wkbrown12@gmail.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Kevin Brown		610 5807522		
		at ()	ne Telephone Number	
Name o	d'Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
☎ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &: Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section			Street Address: Registration Section	
Division of Corporations			Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		- 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Noir Chat Investments, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Chat Noir Investments, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." n/a 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: n/a Name of New Registered Agent: n/a New Registered Office Address: Emer Florida street address City

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 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	Type of Action
			□Remove
			Change
			□Add
			□ Remove
<u> </u>		·	
			□Remove
		<u></u>	□Change
			□Add
			□Remove
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			□Add
			□Remove
		□Change	
			□Add
			□Remove
			□Change

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(If an effect Note: If	date, if other than the date of filing:
the record secord is	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	1/1/22 . 2022
	w-JB
	Signature of a member or authorized representative of a member
	William K. Brown
	Typed or printed name of signee