121000530221

| (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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DIVISION OF CORPORATIONS

T. MATTHEWS
JUL 11 2022

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|--------------------|--|--|---|--|
| CUBIE | | LY INVESTMENT LLC | | |
| SUBJE | .CI: | Name of Lim | ited Liability Company | |
| The end | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please r | return all correspo | ondence concerning this matter | to the following: | |
| | | T. Raymond Suplee | | |
| | | | Name of Person | |
| | | Suplee, Shea, Cramer & N | filler, PA | |
| | | | Firm/Company | |
| | | 800 South Osprey Ave | | |
| | | | | |
| Sarasota, FL 34236 | | | | |
| | | | City/State and Zip Code | |
| | | ray@suplee-shea.com | to be used for future annual report noti | C |
| For first | her information a | oncerning this matter, please c | · | neutron) |
| | | oncerning this matter, picase c | | |
| T. Rayı | mond Suplee | | 941 366-3600 at () | |
| | Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclose | d is a check for th | ne following amount: | | |
| ≘ \$2 5 | i.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 Address Registration S Division of C P.O. Box 632 Tallahassee, F | Section orporations 7 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations Tallahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO SECRETARY DESTAIL TO SECRETARY DESTAIL OF ORGANIZATION OF 22 MAY 11 AM 11: 26

| M-3 FAMILY INVESTMENT LL | | | us records) |
|---|----------------------|--|--|
| (Name of the Limit | (A Florida Limited | ny as it now appears on or Liability Company) | 4 <u>1 155 01 03.</u>) |
| The Articles of Organization for this Limited L Florida document number L21000530221 | iability Company | were filed on 12/16/20 | 21 and assigned |
| his amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here: | |
| | | | |
| he new name must be distinguishable and contain the v | vords "Limited Liabi | lity Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | 800 S OSPREY AVE | |
| Principal office address MUST BE A STREE | ET ADDRESS) | Sarasota, FL 34236 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 800 S OSPREY AVE | |
| | | Sarasota, FL 34236 | |
| | | | |
| B. If amending the registered agent and/or in a second and/or the new registered office addre | • | address on our record | s, enter the name of the new registe |
| Name of New Registered Agent: | T. Raymond St | uplee | |
| New Registered Office Address: | 800 S OSPREY | Y AVE | |
| | | Enter Florida stre | eet address |
| | Sarasota, | | , Florida ³⁴²³⁶ |
| | | 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 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> | <u>Address</u> | Type of Action |
|--------------|-------------------|------------------|----------------|
| MGR | T. Raymond Suplee | 800 S OSPREY AVE | = Add |
| | | JASON MOXLEY | ■Remove |
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| Sective date, if other than the neffective date is listed, the date must be: If the date inserted in this blument's effective date on the D | t be specific and cannot be pricock does not meet the appli | cable statutory filing req | (optional) an 90 days after filing.) Pursu uirements, this date will n | eent to 605.02 ot be listed a |
| ecord specifies a delayed effectives filed. | e date, but not an effective | time, at 12:01 a.m. on th | e earlier of: (b) The 90th | day after th |
| ed MAY 3RD | 2022 | | | |
| <u> </u> | Signature of a member or auth | Orized representative of a | | <u>_</u> |
| | Signature of a member or auti | | | |

Filing Fee: \$25.00