## L22000005472

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## **COVER LETTER**

TO:

Registration Section

Division of Corporations

Tallahassee, Fl. 32314

P.O. Box 6327

Division of Corporations
SUBJECT: Etti Investment Group LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sarah Etti Name of Person
Etti INVESTMENT GSOUP LLC
808 E OSbane Ave
Tampa, F1, 33603  City-State and Zip Code  Sacanvetti Ocmail Com  E-mail address: (ty be used for future annual report notification)
For further information concerning this matter, please call:
Sarah Etti at (813) 504-44154  Name of Person at (813) Daytime Telephone Number
Enclosed is a check for the following amount:
X \$25.00 Filing Fee
Mailing Address:  Registration Section  Street Address:  Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

ETTI INVESTME	.iability Company as it row appears on our records.) Florida Limited Liability Company)	<u>.</u>	
The Articles of Organization for this Limited Liabi Florida document number <u>L. 22000</u>	lity Company were filed on 12/28/2021	and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicabl	e;		_
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>	_
			—
Enter new mailing address, if applicable:			· 
(Mailing address MAY BE A POST OFFICE BO	<u>X</u> ,	11	_ :
		5)1 5). F3	
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, <u>enter the name</u> ere:	of the new regi	<u>stered</u>
Name of New Registered Agent:			<del></del>
New Registered Office Address:	Enter Florida street address		
	, Florida		
-	City	Zip Code	
New Registered Agent's Signature, if changing Regi	istered 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>	Address	Type of Action
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Note: If the date inse	ther than the date of ted, the date must be speci erted in this block does date on the Departmen	enot meet the app	licable statutory fil-	(opti more than 90 days afte ng requirements, thi	onal) r tiling.) Pursuant to 605.0 s date will not be listed
e record specifies a d	elayed effective date, b	ut not an effective	e time, at 12:01 a.m	, on the earlier of: (t	The 90th day after
rd is filed.		2000	)		
rd is filed. Dated <b>fCD</b> VQ	ry 7th	, 202.	<u> </u>		
	W.	HP	thorized representativ		<u></u>

Filing Fee: \$25.00