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(Document Number)
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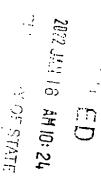
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COVER LETTER

TO:

TO: Registration Division of C			
	Point Investments LLC	•	• • •
SUBJECT:	Name of Lim	ited Liability Company	♦ 16
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Kevin J. Kilduff, Esq.		
	•	Name of Person	
	Law Offices of Kevin Kild	luff, P.C.	
		Firm/Company	 -
	62 Derby Street, Unit 13		
		Address	
•	Hingham, MA 02324		
	i,	City/State and Zip Code	
		Akildufflawpc.com to be used for future annual report noti	tication)
For further informatio	n concerning this matter, please c		neation,
	ichael Ives	781 385-7810	
Name of Person		at ()	re Telephone Number
Enclosed is a check fo	r 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassec oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ripping Point investments LLC		
(<u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L22000012255</u>	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
Tipping Point Investments LLLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	,	
B. If amending the registered agent and/or register agent and/or the new registered office address here:	·	122 JAN
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	Q 3 -
	. Florida	10: 24 STAT
	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 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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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record sp d is filed.	ecifies a delayed	l effective date, b	out not an effect	ive time, at 12:0	I a.m. on the earl	ier of: (b) The 90t	h day after the
Jan Dated	uary 12		2022				
	A	TAT		•			
		X///	- -				

Typed or printed name of signee