L22000058853

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NAME: MUTUAL INVESTMENT GROUP LLC

TYPE OF FILING: AMENDMENT

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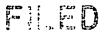
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| | gistration Sec vision of Corp | | | |
|---------------|---|--|--|--|
| SUBJECT: | MUTUAL II | NVESTMENT GROUP, LLC | | |
| SUBJECT: | | Name of Limi | ited Liability Company | |
| The enclose | d Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | n all correspor | idence concerning this matter | to the following: | |
| | | SAMUEL MARSHALL | | |
| | | | Name of Person | |
| | | MUTUAL INVESTMENT | GROUP, LLC | |
| | | | Firm/Company | |
| | | 221 W HALLANDALE B | CH BLVD #468 | |
| | | | Address | |
| | | HALLANDALE, FL 3300 | 9 | |
| | | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | |
| | | ADMIN@MUTUALINVE | | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For further | information co | oncerning this matter, please co | all: | |
| SAMUEL | MARSHALL | | 305 778-4223 | |
| | Name of | Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is | a check for th | e following amount: | | |
| \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
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| P. | O. Box 632 | 7 | The Centre of T | Fallahassee |
| Ta | allahassee, F | L 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MUTUAL INVESTMENT GROUP, LLC

2022 MAY 16 PH 12: 34

| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) liability Company) STOR STATE | | |
|--|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number L22000058853 | were filed on February 03, 2022 SECR COLUMN STATE | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | i <u>lity company here</u> : | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 221 W HALLANDALE BCH BLVD #468 | | |
| (Principal office address MUST BE A STREET ADDRESS) | HALLANDALE, FL 33009 | | |
| | | | |
| Enter new mailing address, if applicable: | 221 W HALLANDALE BCH BLVD #468 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | HALLANDALE, FL 33009 | | |
| | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registered</u> | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | | |
| New Registered Agent's Signature, if changing Registered Agent: | , | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided 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> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|---------------------------------------|----------------|
| MGR | JANICE MARSHALL | 221 W HALLANDALE BCH BLVD #468 | = Add |
| | | HALLANDALE, FL 33009 | □Remove |
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| Note: If the date | inserted in this block | does not meet the app | ior to date of filing or more licable statutory filing r ds. | (optional) than 90 days after filing.) Pu equirements, this date wil | rsuant to 605.0207 I not be listed as |
| e record specifies rd is filed. | a delayed effective da | te, but not an effective | time, at 12:01 a.m. on | the earlier of: (b) The 90 | Ith day after the |
| Dated May 1 | | 2022 | | | |
| - ···- - ——— | | , — / | | | |

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