## Florida Department of State Division of Companions

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	To:	
	, , ,	Division of Corporations
		Fax Number : (850)617-6383
	From:	
		Account Name : REGISTERED AGENTS INC.
		Account Number : I20090000081
		Phone : (307)200-2803
		Fax Number : (855)330-1010
	**Enter an	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**
	Em	ail Address:
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		THE FUTURE OF INVESTMENT

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Page Count	04
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Future of Investment		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000100591</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	
		2022 \$50 \$41
Name of New Registered Agent:		2022 AUG
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	Florida	

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.

City

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	Jeyhun Alakbarov	7901 4TH ST N STE 300	[X] Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
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ffective date, if other than the dian effective date is listed, the date must be some if the date inserted in this block ocument's effective date on the Dep	e specific and cannot be pri k does not meet the appl	icable statutory filing t	(optional) than 90 days after filing.) F requirements, this date w	ursuant to 605.0207 (ill not be listed as t
record specifies a delayed effective of is filed.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
Dated August 22	. 2022	·		
	gnature of a member or au	thorized representative of	a member	
Morgan Nobl				

Filing Fee: \$25.00