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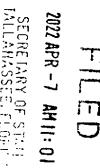
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.
J. HORNE
APR 2 0 2022
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: TRO	OPICALD ID	I Investment	5 LLC		
SUBJECT:		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subs	nitted for filing.			
Please return all correspo	ndence concerning this matter t	to the following:			
_	ANdor	Name of Person Twi	vestments, LLC		
		ee Blud #			
	Lehigh.	City/State and Zip Code Address City/State and Zip Code Appless YANDO Open used for future annual report noti	33936		
	E-mail oddress: (to	aples QAhOl of be used for future annual report noti	fication)		
Anton	oncerning this matter, please ca	ct at 239, 692	L-48 60 e Telephone Number		
Enclosed is a check for the	ne 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)		
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	ction		
Division of C	orporations	Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

) INVE	streate	5 LLC	· 	
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Company were 7.70	tiled on _03 /	15/20.	22_ and as	signed
·			2022 / SEC!	
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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 Type of Action Title Name AMBR DIANAR Francibin 130 Lee Blod # Lehigh Acres XAdd FLORIDA 33936 DRemove AMBR ANTONIOR. Garax 130 Lee Blvd # 1 Lehigh Acres Add Florida 33936 Remove _____ □Change □Remove _____ □Change _____ □ Add _____ □Remove _____ □ Add _____ Change

□Remove

Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Morte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated Appl 03, 2022. Signature of a member of authorized representative of a member		
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