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Divi	ision of Corp	orations			
SUBJECT:	GOLDBERI	RY INVESTMENTS LLC			
JOBSECT.		Name of Lin	ited Liability Company		
Th	I A				
i ne enciosed	Articles of F	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
			YAN LAN HONG		
			Name of Person		
			Firm/Company		
		14402 MANDOLIN DRIV	/E		
			Address		
		ORLANDO FLORIDA 32	2837		
			City/State and Zip Code		
		KAREN.HONG@FORESI			
		E-mail address: (to be used for future annual report notific	ation)	
For further in	formation co	ncerning this matter, please c	all:		
YAN LAN F	IONG		904 955-1955 at ()	Felephone Number Felephone Num	ئەس،
	Name of	Person		Felephone Number 22	S. B. Servers
Enclosed is a	check for the	e following amount:		SER 클	
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	نمیون ^ی

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLDBERRY INVE	ESTMENTS LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Corr	npany were filed on 03/21/2022	and assigned
Florida document number 1.22000138264		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Capital Investments 9 LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	5.5)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		_
		£2a
B. If amending the registered agent and/or registered of	ffice address on our records, <u>enter the r</u>	
agent and/or the new registered office address here:		5 7
		25
Name of New Registered Agent:		The state of the s
New Registered Office Address:		
	Enter Florida street address	ANIIO: 48
	, Florida	·
	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
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ecord specifies a delayed effective is filed.	date, but not an ef	ffective time, a	ıt 12:01 a.m. or	the earlier of:	(b) The 90th	iday after the
November 19th	203	24				
						
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