2000147658

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Incorporating Services, Ltd.

incserv[®]

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051 FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

030-243-0031

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 1033836

ORDER ENTITY___

TIP OF THE SPEAR FUND I LLC

REQUEST DATE 5/4/2022

PLEASE PERFORM THE FOLLOWING SERVICES: TIP OF THE SPEAR FUND ILLC (FL)	
File the attached amendment	
NOTES:	
\$25.00 Authorized	
Email address for annual report reminders: gwilkes@krtaxes.com	

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

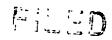
If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, May 4, 2022 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TIP OF THE SPEAR FUND I LLC

2022 HAY -5 AH II: 30

(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liability Company vi Florida document number 1.22000147658	vere filed on 04/07/		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the design	nation "LLC" or the abbr	eviation "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 adagent and/or the new registered office address here:	dress on our reco	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		Florida	Zip Code
Name Descriptioned 4 man (2 Ciamana) if the contract Design and	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my ovided for in Chaj	duties, and I am fai pter 605, F.S. Or, if	miliar with and 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>	<u>Address</u>	Type of Action
MGR	WF Freedom Fund I Managers LLC	2853 S Sossaman Rd	□Add
		STE A-101	□Remove
		Mesa, AZ 85212	
		-	□Add
			□Remove
			Change
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Effective date, if other than the of an effective date is listed, the date municipal of the date inserted in this bedocument's effective date on the I	ast he specific and cannot be prior to block does not meet the applicable	date of filing or more than 90	days after filing.) Pursuant to 60	5.0207 (ted as t
	ve date, but not an effective time	, at 12:01 a.m. on the earl	ier of: (b) The 90th day after	er the
d is filed.				
d is filed.	2022			
MAY 4TH	Signature of a member or authoriz	· C		

Filing Fee: \$25.00