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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mercer Name of Person
TNHERITANCE INVESTMENTS.
196 6 lasgru Dr Address
Sgift Johns/FL 32259 City/State and Zip Code
E-mail address: (to be used for future Innual report notification)
For further information concerning this matter, please call:
Derrick Mercer at (904) 455-5204 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	IN ESTMENTS, LLC ny as it now appears on our records. iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L22000182052</u> .	were filed on 4/15/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi Realty Crop The new name must be distinguishable and contain the words "Limited Liability 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)	196 Glasegu Drive Saint Johns, FL 32259
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress 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: Florida: City: Ci
	City Za 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>	Name	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
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			□ Change
			□Add
			□Remove
			□ Change

	
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reffective date is liste te: If the date inse	her than the date of filing:
cord specifies a de s filed.	dayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	
_	
	Signature of a member or authorized representative of a member
	LEPTICK Camar Merrer