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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| SUBJECT: Investopia | LLC | | |
|---|----------------------------------|-------------------------|-------------------------|
| | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| SUBJECT: Investopia LLC Nume of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Benjamin Berlin | | | |
| | | Name of Person | |
| | Investopia | | |
| | | Firm/Company | |
| | 18151 Montelago court | | |
| | | Address | |
| | Miromar Lakes 33913 | | |
| | Tryday/ithinyactania@ama | | |
| | | | ication) |
| For further information c | oncerning this matter, please co | all: | |
| Benjamin Berlin | | at (847) 6440915 | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & |
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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | 2023 SCD |
|---|--|
| Investopia Apparel LLC | 2023 SEP - 1 AM 7: 11. |
| (Name of the Limited Lia (A Flo | bility Company as it now appears on our records.) orida Limited Liability Company) All I All All All All All All All All A |
| | • |
| The Articles of Organization for this Limited Liability | y Company were filed on Zen Business Inc. and assigned |
| Florida document number L22000191008 | |
| This amendment is submitted to amend the following | Ç. |
| A. If amending name, enter the new name of the l | imited liability company here: |
| Investopia LLC | |
| The new name must be distinguishable and contain the words "I | Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| • • • | |
| <u>Principal office address MUST BE A STREET AD</u> | DRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | · |
| Maning dantess MAT DE AT OUT OFFICE BOXY | |
| | |
| B. If amounting the registered agent and/or register | ered office address on our records, enter the name of the new registe |
| gent and/or the new registered agent and/or registered agent and/or the new registered office address her | |
| | _ |
| Name of New Registered Agent: | |
| | |
| New Registered Office Address: | Enter Florida street address |
| | 2.112 . 101.144 21. 22. 42.0 . 20. |
| | , Florida |
| | I IN' Zin 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 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> | Address | Type of Action |
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| | Signature of a member or authorized representative of a member | |
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