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SEP 0 2 2022 D COMMENT

COVER LETTER

TO: Registration Se Division of Cor	ection porations *		•
SUBJECT: Bi	Ilingsley I	nvestment (DROUP LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	·
	DARRIUS	Billingsler Name of Person	
	Billingsle	ey Investine	nt Group Lic
	5905 SE	Baseline	RD
	Bellevieu Billings E-mail address: (1	City/State and Zip Code Ley investment to be used for future annual report note.	+ GROUP @ gmail. Com
For further information of	concerning this matter, please co	all:	
DARRIUS T	3.11ingsley	at (607) 753 Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing 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)

TO:

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

Limited Liability Company as it now appears on our records (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4-29-32 and assigned Florida document number L 33000 30 37.7 6 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 5905 SE Baseline RD New Registered Office Address: Belleview Florida 34420

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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		Belleview FL 34420	& Remove
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Note: If	date, if other than the dive date is listed, the date must the date inserted in this blo as effective date on the De	ck does not n	iect the applical	o date of filing or mobile statutory filing	ore than 90 days after requirements, thi	filing.) Pursuant to 60 s date will not be lis	95.0207 (sted as t
he record s ord is filed	pecifies a delayed effective	date, but not	an effective tim	ne, at 12:01 a.m. c	on the earlier of: (b) The 90th day aft	er the
Dated	9-2 		2023	<u> </u>			
	Ea.	~//\.	3.110	hass			
		signature of a r	nember or author	ized representative	of a member		

Filing Fee: \$25.00