L22000256168

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TALLAHAS SEE, PLORIDA

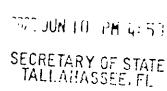
COVER LETTER

		COVER DETTER	_
TO: Registration Sec Division of Corp		2:	.
SUBJECT:		th Me LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Pierr	e Harrigan J	r
	Inv	est With Me	
	1 <u>60 W. Ca</u>	mino Real u	<u>ınit 57</u> 1
	Boca F	Raton Fl 334	32
	nvestwithr E-mail address: (1	nellc@gmail to be used for future annual report notifi	Lcom cation)
For further information co	oncerning this matter, please ca	all:	
Pierre H	larrigan Jr	at 502 319 Area Code Daytime	7-8472 Telephone Number
Enclosed is a check for th	e following amount:		
☎ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>v:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Invest With Me LLC
(Name of the 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 June 01,2022 and assigned Florida document number <u>L22000256168</u>

company has been notified in writing of this change.

N/A The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
Principal office address MUST BE A STREET ADDI	
	N/A
nter new mailing address, if applicable:	IN/ / \
• •	
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registere	d office address on our records, enter the name of the new reg
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registere	
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our records, enter the name of the new reg
Name of New Registered Agent:	d office address on our records, enter the name of the new reg N/A N/A

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
AMBR	Daniel Zephir	160 W. Camino Real Boca Raton Fl 33432 Unit 571	Ad d
			□Remove
		<u></u>	□Change
			□Add
			□Remove
			Change
			□Add
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			□Change
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Effectiv	ve date, if other than the date of filing:
Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	June 09
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member