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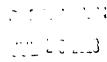
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		ment Group Lited Liability Company	LC
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Trever	Seckinger Name of Person	
		Firm/Company	
	1391 Norn	randy Heights	Circle
	Winter Ha	Nen FL 338	30
	Trever Sec	Kinger @ amailto be used 4 about notif	ication)
For further information co	oncerning this matter, please co	all:	
Trever So	eckinger FPerson	at (<u>863</u>) <u>258</u> - Area Code Daytime	3721 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, 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

Investment

(A Florida Limited Lia	omty Company)	
The Articles of Organization for this Limited Liability Company w Torida document number <u>L22000476780</u> .	ere filed on <u>Novembe</u>	7, 2D22 _{und} assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability \mathcal{N}/\mathcal{A}		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL	.C" or the abbreviation "L.L.C."
the state of the s	A/A	
nter new principal offices address, if applicable:	14/11	
Principal office address MUST BE A STREET ADDRESS)		22
	. <u></u>	
	,	
nter new mailing address, if applicable:	A/A	. 6.
-		
Aailing address MAY B <u>E A POST OFFICE BOX</u>)		
Name of New Registered Agent:	dress on our records, <u>ente</u>	r the name of the new registe
. If amending the registered agent and/or registered office adgent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, <u>ente</u>	r the name of the new registe
. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	dress on our records, <u>ente</u> Enter Florida street addr	
Name of New Registered Agent:	Enter Florida street addr	

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
MGR	Cassandra Seckinger	1391 Normandy Heights Co	rlexadd
		Winter Haven FL 33880	□Remove
			□Change
MGR.	Kevin Weltlin	9445 Waterford Daks Dr	iXvdq
		Winter Haven, FL 33884	□Remove
			□Change
MGR	Sheryl Weltlin	9445 Waterford Oaks Dr	KAdd
		Winter Haven, FL 33884	El Remove
			□Change
			🗀 Add
			□Remove
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Tective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of te: If the date inserted in this block does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605.01 atutory filing requirements, this date will not be listed
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at lis filed.	12:01 a.m. on the earlier of: (b) The 90th day after t
signature of a member or authorized re	
Tauldh &	
Comment of the state of the sta	
Signature of a member or authorized re	presentative of a member

Filing Fee: \$25.00