## L23000020003

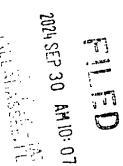
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## **COVER LETTER**

TO: Registration Division of C				
McManu SUBJECT:	s Investment Company LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Kim Wade			
		Name of Person		
	Bottom Line LLC			
	-	Firm/Compалу		. 18
	8348 S Bates Rd			PASE THE
	-	Address		w Fig.
	Palm Beach Gardens, FL	33418		2024 SEP 30 AM 10: 07
		City/State and Zip Code		5
	kwade@thebottomlinecons	<del>-</del>		2 2
	E-mail address:	to be used for future annual report noti	fication)	•
For further information	concerning this matter, please of	all:		
Kim Wade		561 308-8441		
Name	e of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McManus Investment Company L	LC		
(Name of the Lim	ited Liability Company as it nov (A Florida Limited Liability Co	v appears on our records.) mpany)	
The Articles of Organization for this Limited I Florida document number L223000020003	Liability Company were filed	l on 1/09/2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	oany he <u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		****
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			PH SEP 30
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		100 F 51
			951 A 10 100 0
B. If amending the registered agent and/or agent and/or the new registered office address	registered office address or ess here:	our records, <u>enter the na</u>	· -
Name of New Registered Agent:	James McManus		
New Registered Office Address:	612 Kingfish Rd	<u>.</u>	
		nter Florida street address	
	North Palm Beach	, Florida	33408 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 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	Meghan McManus	612 Kingfish Rd	<b>≣</b> Add
		North Palm Beach, FL 33408	□ Remove
			□Change
			SEP Glange
			The Control of the Co
			□Remove
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f an effective date is l		pecific and cannot be p oes not meet the ap	rior to date of filing o		onal) r filing.) Pursuant to 605.01 s date will not be listed	
		e. but not an effectiv	re time, at 12:01 a.r	n. on the earlier of: (b	) The 90th day after the	he
locument's effective record specifies a	delayed effective date					
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record specifies a d is filed.	er	, 2024				
document's effective record specifies and is filed.	er		uthorized representat	ive of a member	<del></del>	

Filing Fee: \$25.00