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Y. SCOTT MAY 15 2023

COVER LETTER

10: Registration Se Division of Cor	ection	A, S es	§		
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	estment Properties LLC	, :			
	Name of I run	ted I rability Company			
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filme.			
	indence concerning this matter t	-			
·	_	_			
	Wesley D Holstman				
		Name of Person	ر سائر	202	
	Pickens Investment Proport	ies I I C	. <u></u>	3 55	7
		Firm/Company	. 7. - 45	2023 HAR 28	
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	Pensacola, FL 32501		温料	23	
		City State and Zip Code			
	wesholstman@gmail.con				
	E-mail address: (6	o be used for future annual report not	ification)		
For further information c	oncerning this matter, please ca	III:			
Wesley D Holstman		850 982-7077			
Name o	f Person	at () Area Code Dayun	ne Telephone Number		
Enclosed is a check for th	ne following amount:				
S25.00 Filing Fee	13 \$30.00 Filing Fee & Certificate of Status	, \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	1 \$60,00 Fili Certificate Certified C (additional co	of Sta Jopy	tus &
Mailing Addres		Street Address:	estian		
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pickens Investment Properties 1.1.C	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were	filed on 03/02/2023 and assigned
lorida document number 1.23000110520	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
he new name must be distinguishable and contain the words "Limited Liability Co	nmany" the designation "FEC" or the abbreviation "FEC"
Inter new principal offices address, if applicable:	202
Principal office address MUST BE A STREET ADDRESS)	AR II
	20
	.88
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office addro	ess on our records, enter the name of the new reoi
gent and/or the new registered office address here:	
Name of New Registered Agent:	
Come of the inglificial agent.	
New Registered Office Address:	
	Enter Florida street address

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 as cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being tiled to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

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> Fitte</u>	<u>Name</u>	Address	Type of Action
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