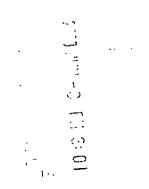


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COVER LETTER

	legistration Sc Division of Cor			
SEDIEZE		ace Investments LLC		
SUBJECT	!: <u></u>	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	irn all correspo	ondence concerning this matter	to the following:	
		LEXIE RIVERS		
			Name of Person	
		PRIME CORPORATE SE	RVICES	
			Firm/Company	
		5250 S COMMERCE DR	STE 200	(w)
			Address	
		MURRAY, UT 84107		
			City/State and Zip Code	1
		E-mail address: (to be used for future annual report no	titication)
For further	r information c	oncerning this matter, please c	•	
LEXIE RI	IVERS		855 577-4639	·
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed i	s a check for th	ne 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Natchez Trace Investments LLC				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Liab	ility Company	were filed on $\frac{04/03/202}{}$	and assi	gned
Florida document number 1.23000165472	·			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liab	ility company here:		
The new name must be distinguishable and contain the word	Is "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.1	<u>c.:</u>
Enter new principal offices address, if applicab			ر د - ۱	
Principal office address MUST BE A STREET.		1634 Natchez Trace Bl	vd , , , , , ,	•
		Orlando, FL 32818		
			co	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BO	<u>28)</u>	1634 Natchez Trace Bl	vd C	} >
		Orlando, FL 32818	r.i -	
B. If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:	• •		ecords, enter the name o	of th
New Registered Office Address:	1634 Natchez T	Trace Blvd		
New Registered Office Address:				
New Registered Office Address:		Enter Florida stree	et address	
New Registered Office Address:	Orlando	Enter Florida stree City	et address Florida 32818 Zin Code	

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			○ Remove
			□ ½qqq
			- O Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Remove

feetive date, if other than the date of filing: or effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 date: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. May 22 2023 Way V. Ball Signature of a member or authorized representative of a member.				
Pective date, if other than the date of filing: (optional) (opti			 	
rective date, if other than the date of filing: (optional) (opti				
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Signature of a member or authorized representative of a member	The 90th day after the retard May 22	2023		. .
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Page 3 of 3

Filing Fee: \$25.00