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To:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624

Fax Number : (512)597-0678

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARLC INVESTMENTS LLC

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K. SALY

JUN 27 2024

To:

# H24000220496 3

### **COVER LETTER**

Division of Co			
71 E 1 EN 1 ES 20181	aments LLC		
SUBJECT:	Name of Lin	ited Liability Company	
Office and soul America	r A June 100 and 100 area	to a fire a fato.	
	'Amendment and fee(s) are sub		
Please return all corresp	ondence concerning this matter	to the following:	
4. 排化	Allison Menzon		
	<del>- ·</del>	Name of Person	
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite	301	
		Address	- And the Control of
	Tallahassee, FL 32301		
		City/State and Zip Code	
• •••	fulfillment@zenbusiness.ed		
		to be used for future anottal report not	(itication)
	concerning this matter, please o	att:	
c/o ZenBusihëss INC		844 493-6249 at ()	
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	Sou.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MailingAddre Registration Division of C P.O. Box 63:	Section Corporations	StreetAddress: Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

18506176383

From: ZenBusiness User

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000220496 3

	TO	
ARTICLES	OF ORGANIZATI	ION .
,	OF	
•	Ψ	378. M. 1
Arle Investments LLC		
(Same of the Limited Liability (A Florida	Commany as it now appears	on our records.)
(A Florida	Dimited Eablifty Company)	
The Articles of Organization for this Limited Liability Co	ampany were filed on 2023	on our records.) 3-04-19 and assigned
Florida document number L23000193658	·	The state of the s
man and a second se		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted fiability company here	ត្ត:
Gregory Abbey LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C,"
Partners and Solin sized officer and bases of a small contain		
Enter new principal offices address, if applicable:	1*************************************	
<u>(Principal office address MUST BE A STREET ADDR.</u>	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	ords, enter the name of the new registered
agent manor the new registered titlee address nerv.		
•		
Name of New Registered Agent:		····
New Registered Office Address:		
is a regeneral value violeta.	Enter Florid	astreet address
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	('ity	, Florida
	•	·

#### 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 Changing Registered Agent, Signature of New Registered Agent

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	Paut	

To:

2024-06-27 07:30:54 UTC÷14

18506176383

From: ZenBusiness User

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

Title	Name	Address	Type of Action
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D. If am	ending any other	information, enter change(s) here: tAttach additional sheets, if necessary.)	
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E. Effect	tive date, if other Poetive date is fished, th	than the date of filing:	lo 605.0207 (3xh
Note:	If the date inserted	I in this block does not meet the applicable statutory filing requirements, this date will not be	ne listed as the
docum	nem s'effective gate	on the Department of State's records.	
If the recordisti	rd specifies a delaye	ed effective date, but not an effective time, at 12/01 a moon the earlier of; (b). The 90th day	y after th <b>e</b>
Dated	06/26	2024	
	/s/ Gre	egory Abbey	,
		Signature of a member or authorized representative of a member	
		Calminate of a menoral confidenciata relative contacts at 4 included	
	Gregory Abbe		