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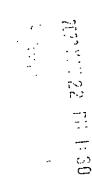
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COVER LETTER

TO: Registration S Division of Co	rporations							
SUBJECT:	Yankees In	vertments	LLC					
SUBJECT:	Name of Li	mited Liability Compa	any					
	Amendment and fee(s) are su	_						
Please return all correspondence	ondence concerning this matte	r to the following:						
		Andrew Name of Per	5,00)					
		Name of Per	son					
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	E-mail address:	(to be used for future	annual repor	notification)				
For further information of	concerning this matter, please	call:						
Andre	of Person	at (アッ	<u>5) 6</u>	<u> </u>	, ⁻ -3			
Name o	of Person	Area Co	de D	aytime Telepho	one Number			
Enclosed is a check for t	he following amount:							
№\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filir Certified C (additional co			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre			treet Addre egistration					
Registration Division of 0			ons					
P.O. Box 633	3			`Corporatio of Tallahas				
Tallahassec.	FL 32314	2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	Investments	
(<u>Name of the Limited L</u> iabili (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number <u> </u>	,	11 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 .	
-	RESS)	· . · . · . · . · . · . · . · .
		<u> </u>
		** \ .*.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	_	O'C
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records.	enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		Florida
	City	Florida Zip 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 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
MER	David Greenberg	Coral Springs FL 37076	[4\lambda]
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		Signatu					f a member		_	
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Filing Fee: \$25.00