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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-UF	wait	MAIL
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	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of \$	Status
		
Special Instructions to	Filing Officer:	}
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SECRETARY COLS V

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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: <u>B</u>	anchord Investor	Ment (Ompany)	<u>C</u>		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Christopher	Rlancher d Name of Person		-	
	Barbard	Inxstment (empun Firm/Company	4	-	
	1317 (-dge1	Later Dr. #2699		2024 SEP 30 SECRETANI	.,
	Orlando, FC	32804 City/State and Zip Code		30 PA	
		Damail. (am to be dised for future annual report notif	ication)	0 FX 2: 10	
For further information	concerning this matter, please ca	all:			
Christopher	Blanchard	at (402) 768- Area Code Daytime	9906		
Name	of Person	Area Code Daytime	e Telephone Numbe	г	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our re	ecords.)
(A Florida Limite	d Liability Company)	,
The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{7}{3}$	and assigned
Florida document number (230036602).		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Report and Investments LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
(Principul office unuress most be Astroet Addicess)		25 8
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Mutting dudress MAT BL AT OST OFFICE DOAY		
		£171
B. If amending the registered agent and/or registered offi-	ce address on our records, <u>e</u>	nter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Now Desistand Office Address.		
New Registered Office Address:	Enter Florida street o	address
	-	_, Florida
	City	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
		<u></u>	
			□Remove
			☐ Change
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			Change

fan 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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the right of is filed.						
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Dated 7 30 , 2024. Signature of a member or authorized representative of a member	document's effective d	ate on the Department of	of State's records.			
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Signature of a member or authorized representative of a member	o is ined.					
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