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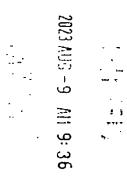
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A. PARISHANI AUG 2 6 2023

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: 4 (C	Name of Limit	State Investment and Liability Company	ts, LC
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	2023 AUG -9
Please return all correspo	ondence concerning this matter to	the following:	
	Joseph O	Name of Person	MI 9: 36
		Firm/Company	
	507 Aloke	e C+. Address	······
	Lake Mary	City/State and Zip Code	
	Joranni Jorann	e yawo. ccm be used for future annual report noti	fication)
For further information of	concerning this matter, please cal	1:	
Juseph O. Name o	WILLIAMS of Person	at (2) Area Code Daytim	NU52 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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)
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration Se Division of Co	porations
P.O. Box 632	2/	The Centre of 7	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Name of the Limited Lia	State Investments; bility Company as it now appears on our rec rida Limited Liability Company)	.,
The Articles of Organization for this Limited Liability Florida document number <u>L23000</u> 3604		ω 2023 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the LLC The new name must be distinguishable and contain the words		LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET AD	DRESS)	
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 her	· · · · · · · · · · · · · · · · · · ·	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
_		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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□ G range
			☐Ghange
			. ⊃. - □Remove
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Tective date, if other than the date of filing:	(optional)
an 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
ote: If the date inserted in this block does not meet the applicable statutory filing re	equirements, this date will not be listed a
ocument's effective date on the Department of State's records.	
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	the earner of: (b) The 90th day after the
is filed.	
ated <u>Angust 2 . 2023</u> .	
ared August 2 . 2023.	
-	
Qui c. william	a member
•	a member

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