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Special Instructions to Filing Officer:





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11/03/23--01017--021 **25.00





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Potato Investments LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Potato Investments LLC Firm/Company 117 NE 6th St. unit 117 Address Fort Lauderdale, FL, 33309 City/State and Zip Code Leighton. McPhail agrail.com E-phail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leighton McPhail at (919) 450-8399 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\sum \text{S30.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$ \$55.00 Filing Fee \$\sum \text{Certified Copy (additional copy is enclosed)}}\$

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Potate	s Investments, LLC		
(Name of the Limi	ted Liability Company as it now apport (A Florida Limited Liability Company)	<u>ars on our records.</u>)	
	iability Company were filed on _		_ and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company	<u>here</u> ;	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the	designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	T ADDRESS)	 	
			22
Enter new mailing address, if applicable:	ent number		
(Mailing address MAY BE A POST OFFICE	BOX)		
			, or
			• •
B. If amending the registered agent and/or i agent and/or the new registered office addre	<u></u>	records, enter the name of	of the new registered
Name of New Registered Agent:	<u>Leighton D. r</u>	ncphail	
New Registered Office Address:			
	Ft. Lauderdale	Florida <u>3</u> 3	304
	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>mgr</u>	Leighton D. Mcphail	117 NE 6th St. unit 117	✓ Add
		Ft. Lauderdale FL 33304	□Remove
			□ Change
			□Add
			□ Remove
			□Change
			🗆 Add
			□Remove
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ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cun	nent's effective date on the Department of State's records.
	rd 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
	iled.
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ited	October 30 2023
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	Signature of a member or authorized representative of a member

Filing Fee: \$25.00