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COVER LETTER

TO: Registration S Division of Co							
	LEARN MIXED INVESTME	NTS LLC					
Name of Limited Liability Company							
The enclosed Articles of	f Amendment and fee(s) are sub	emitted for tiling.					
Please return all corresp	ondence concerning this matter	to the following:					
	DANIELLA PULIDO, ES	SQ.					
		Name of Person					
	LULICH & ATTORNEY:	S PA					
		Firm/Company					
	1069 MAIN STREET						
	•	Address					
	SEBASTIAN, FL 32958						
	SUNBIZ@LULICH.COM	City/State and Zip Code					
	E-mail address; (to be used for future annual report notif	ication)				
For further information	concerning this matter, please c	all:					
DANIELLA PULIDO		772 589-55(X)					
Name	of Person	at () Area Code Daytime	Telephone Number				
Enclosed is a check for t	the following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 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 Addre	SS:	Street Address:					

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

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

TRUST & LEARN MIXED INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/05/2024 _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: LULICH & ATTORNEYS PA Name of New Registered Agent: 1069 MAIN STREET New Registered Office Address: Enter Florida street address SEBASTIAN City 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
MGR	AGUILAR, JULIO	120 NW 54TH CT	≣ Add
		OAKLAND PARK, FL 33309	Remove
			□Change
			□Add
			□Remove
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			Remove
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reffective date is listed, the date tele. If the date inserted in this	must be specific and block does not m	cannot be prior to neet the applicab	date of filing or mole statutory filing	ore than 90 days aft	er filing.) Pursuant i	to 605.02 <mark>07</mark> e listed as
rument's effective date on the	: Department of S	tate's records.				
cord specifies a delayed effects tiled.	ctive date, but not	an effective tim	e. at 12:01 a.m. c	on the earlier of:	(b) The 90th day	ufter the
March 6		2024				
	Att	Dur Can	lan.			_
			zed representative	4 -		-

Filing Fee: \$25.00