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SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FYPICIS IN ESTMENT GROUP, 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:
Division of Corporations SUBJECT: FYANCIS TALLEST CALL COMPANY The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Francis Invisionent GrapLCC Firm/Company
(1000 Haves Ferry Dr. Address
TWIAWASSET R 1 32308 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Phone Francis at (250) 241 - 2363 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status &

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

(Name of the Limite	d Liability Company : A Florida Limited Liab	as it now appears on collity Company)	our récords.)	·····	
The Articles of Organization for this Limited Liz		re filed on MA	on 26,70	L and assig	viation "L.L.C." 20024 HAY - 8 PM 3: 1 the new registered
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabilit	y company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designa	ition "LLC" or the abl	oreviation "L.L.	C."
Enter new principal offices address, if applica	ıble: _				
(Principal office address MUST BE A STREET	<u>r address)</u> _				
Enter new mailing address, if applicable:	_			2024 HAY SECRET	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or reagent and/or the new registered office address		ress on our record	is, <u>enter the nam</u>	<u>ာ</u> ယ	registered
Name of New Registered Agent:	Phone	Francis	5		
New Registered Office Address:	<u> </u>	Enter Florida sti	reet address	· 	
	TANION	PSSPP 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 Title Type of Action Name **Address** Phone Francis 11000 Hanpers Ferry DAdd TOURMOSSEE FI 32308 DRemove Mario Francis AMBR UCITO HANDERS FERRY WAND TONIONASSER F1 32308 | Remove ____ □Remove _____ □Add _____ Change Remove _____ Change □Remove

____ Change

		
		
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an effect <u>Sote:</u> If	e date, if other than the date of filing:	
record s I is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after I.	the
ated(05/06/2024.	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00