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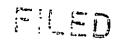


COVER LETTER

TO:	Registration Solvision of Co							
orm in		VESTMENTS LLC						
SUBJEC	ζ1: <u></u>	Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.					
		ondence concerning this matter						
		Jeffrey C Steinert						
			Name of Person	· · · · · · · · · · · · · · · · · · ·				
		Jameson Pepple Cantu PL	LC					
			Firm/Company					
801 2nd Avenue, Suite 700								
			Address					
		Scattle, WA 98104						
		<u> </u>	City/State and Zip Code					
		JSTEINERT@JPCLAW.C	ОМ	Daytime Telephone Number 260.00 Filing Fee, Certificate of Status &				
		E-mail address: (to be used for future annual	report notification)				
For furth	er information o	concerning this matter, please c	all:					
Jeffrey (C Steinert		206 62	5-9984				
	Name o	of Person	Area Code	Daytime Telephone Number				
Enclosed	l 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 end	Certificate of Status & Certified Copy				
	Mailing Addre							
	Registration Division of C							
Dividion on Conference		ntre of Tallahassee						
	Tallahassee,	FL 32314	2415 N	. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



2024 APR 17 PH 1: 15 JDP CT 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 April 4, 2024 and assigned Florida document number _____L24000160639 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 "LLC" 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ 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 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
MGR	David J Page	5403 West Gray Street	
		Tampa, FL 33609	■Remove
			☐ Change
MGR	J David Page	5403 West Gray Street	
		Tampa, FL 33609	□Remove
			□Change
			□Add
			Remove
		<u> </u>	□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
	 		□Add
			Change

If amending any other info	rmation, enter change(s) here:	: (Attach additional she	is, if necessary.)	
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Note: If the date inserted in the	the date of filing: must be specific and cannot be prior to is block does not meet the applicab	o date of filing or more than 9 ble statutory filing require	(optional) 0 days after filing.) Pursuant to 6 ments, this date will not be li	605.0207 (i ist ed as th
document's effective date on the	e Department of State's records.			
he record specifies a delayed effe ord is filed.	ective date, but not an effective tim	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90th day af	fter the
Dated April 9	2024			
1	0	_		
	Signature of a member or author	ized representative of a mem	ber	
I Double Danie Africa	·			
J David Page, Mana	Typed or printed	I name of signee		

Filing Fee: \$25.00