196000000149

| (Re | equestor's Name |) |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificate | es of Status |
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| Special Instructions to | Filing Officer: | |
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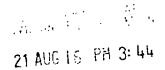
| TO: Registration So Division of Con | | | |
|--|--|---|--|
| 161 investr SUBJECT: | ments, LC | | |
| 30 D 0EC1: | Name of Li | mited Liability Company | |
| 771 1 1 1 1 7 | | | |
| The enclosed Articles of | Amendment and fec(s) are su | bmitted for filing. | |
| Please return all correspo | ndence concerning this matte | r to the following: | |
| | Frank W. Sadro | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 3303 Eckert Drive | | |
| | | Address | |
| | Galveston, Texas 77534 | | |
| | fsadro@verizon.net | City/State and Zip Code | |
| | - | (to be used for future annual report noti | fication) |
| For further information co | oncerning this matter, please o | all: | |
| Kramer A. Litvak | | 850 432-9818 at () | |
| Name of | Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | e 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 Address | i | Street Address: | |

Mailing 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 ARTICLES OF ORGANIZATION AND ARTICLES OF ORGANIZATION **OF**



| 161 Investments, LC | | | | |
|--|---|---|---|--|
| (Name of the Lin | nited Liability Company (A Florida Limited Lia | as it now appears on obility Company) | ur records.) | |
| The Articles of Organization for this Limited Florida document number L96000000149 | Liability Company w | ere filed on <u>02/05/19</u> | and assigned | |
| This amendment is submitted to amend the fo | Howing: | | | |
| A. If amending name, enter the new name | of the limited liabilit | y company here: | | |
| The new name must be distinguishable and contain the | words "Limited Liability | Company," the designa | tion "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if appl | icable: | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | |
| | - | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE | - E <i>BOX</i>) | | | |
| | | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addresses | registered office addess here: | lress on our record | s, enter the name of the new registered | |
| Name of New Registered Agent: | Kramer A. Litvak, | P.A. | | |
| New Registered Office Address: | 40 S. Palatox Place | e, Suite 300 | | |
| | Enter Florida street address | | | |
| | Pensacola | | Florida 32502 Zip Code | |
| | | City | Zip Code | |
| New Registered Agent's Signature, if changing | Registered Agent: | | | |
| I hereby accept the appointment as register provisions of all statutes relative to the propaction as register the obligations of my position as registing filed to merely reflect a change in the company has been notified in writing of this | ver and complete pe istered agent as pro registered office ad | rformance of my di vided for in Chapta | uties, and I am familiar with and er 605, F.S. Or, if this document is | |

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: F459EFDF-8AAB-406E-95A9-E8F4BD16ADB7

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 |

21 AUG 16 PH 3: 44

| Title | Name | Address | Type of Action |
|-------------|----------------|----------------------------|----------------|
| MGR | Mary J. May | 301 Loruna Drive | □Add |
| | | Gulf Breeze, Florida 32561 | ■Remove |
| | | | □ Change |
| MGR | Frank W. Sadro | 3303 Eckert Drive | = Add |
| | | Galveston Texas 77554 | □ Remove |
| | | | □ Change |
| | | | □ Add |
| | | □Remove | |
| | | | Change |
| | | | □Add |
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| | | r information, | | <i>G</i> . , | | 21 / | UG 16 P | H 3: 44 | |
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| (If an effectiv Note: If th | e date is listed, the ne date inserted | than the date of the date of the date must be specifing this block do con the Departm | ecific and canr ics not meet | iot be prior to the applical | date of filing | or more than 9 | (option 0 days after fi ements, this o | ling) Pursuant to | 605.0207 listed as |
| ne record spord is filed. | ecifies a delaye | ed effective date, | but not an e | ffective tim | e, at 12:01 a | .m. on the ea | rlier of: (b) | The 90th day | after the |
| Dated | DocuSigned t | U. Sadro | | | _ · | | | | |
| | Frank U | J. Sadro | | | | | | | |
| | | | | | | | | | |
| | 7 088384B2EC | A49C Signate | re of a memb | er or authori | zed represent | ative of a mem | ber | | - |

Filing Fee: \$25.00