## L18000203571

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2025 HAR 19 PH 4: 45

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	INVERSTMENTS, LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nicole Paschal		
		Name of Person	
		Firm/Company	<del></del>
	3464 Raymur Villa Dr.	Address	
		Addiess	
	Jacksonville, Fl, 32277		
	pasch2179@gmail.com	City/State and Zip Code	
	= =	to be used for future annual report no	tification)
For further information c	oncerning this matter, please co	all:	
Nicole Paschal		at (813 ) 4159601	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	antia a
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

CALAFIA INVERSTMENTS, 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	JALLAHASSEE, ELINDINA
	were filed on 8/24/2018 and assigned
Florida document number L18000203571	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Calafia Ventures, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	nddress on our records, enter the name of the new registered
Name of New Registered Agent:	nddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	eddress on our records, enter the name of the new registered  Enter Florido street address
Name of New Registered Agent:	
Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent:	Enter Florida street address , <b>Florida</b>

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
	N/A	,	⊡Add
			□Remove
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	b) The 90th day after
filed.	
ed March 1 2025	
Mirole Paschal	
Signature of a member or authorized representative of a member	