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COVER LETTER

TO: Registration Se Division of Cor				
	L INVESTMENTS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.		
Please return all correspo	ondence concerning this matter	to the following:		
	CONSUELO SALCEDO			
	-	Name of Person	,	
	SALCEDO GROUP PLLO	2	2021 N SECT SECT	
		Firm/Company	Elli for	
	1441 BRICKELL AVENU	JE, SUITE 1400	2021 NOV -4 PM 3: 28 SECRETAIN (SEE, FL)	
	***	Address	FR PR	
	MIAMI, FL 33131		3: 28 5 TAT E. FL	
		City/State and Zip Code	رن ۱۲۱	
	CSALCEDO@SALCEDO			
	E-mail address: (to be used for future annual report no	tification)	
For further information of	concerning this matter, please of	all:		
CONSUELO SALCEDO)	305 433-2214 at (
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	he 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: Registration Section		Street Address: Registration So	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of		
Tallahassee,	t 1. 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGAVAL INVESTMENTS LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 10/28/2019	and assigned	
Florida document number L19000269707			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	133 NE 2ND AVENUE, APT 2108	2021 SES	
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33132	FA 6 7	
Enter new mailing address, if applicable:	133 NE 2ND AVENUE, APT 2108	PH D	
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33132	F-2 2	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new regis	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	a 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		 	□ Remove
		SECRET GRemove	
			Change Ch
			□Remove
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Add
			□Remove
			□ Change

	other information, enter change(s) here: (Attach additional sheets, if necessary.)	
 		
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an effective date is linter. If the date in	other than the date of filing: OCTOBER 27, 2021 (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to conserted in this block does not meet the applicable statutory filing requirements, this date will not be live date on the Department of State's records.	
record specifies a l is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
ated	OCTOBER 27 2021	
	Tahava Ayleta E. Signature of a member or authorized representative of a member	
	TATIANA ARTETA	
	Typed or printed name of signee	

Filing Fee: \$25.00