L20000281811

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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	STMENT LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	NINOTCHKA HECHT			
		Name of Person		
	FAST FILING SERVICES	SLLC		
		Firm/Company		
	10450 NW 33RD ST STE	305		202
	-	Address		90
	DORAE FL 33172			
	FASTFILINGSERVICES@	City/State and Zip Code (GMAIL.COM		2020 OCT 13 AM 8: 50
	E-mail address: (to be used for future annual report not	fication)	ം ആ
For further information c	oncerning this matter, please ca	ull:		? 0
NINOTCHKA HECHT		786 762-2048		
Name o	f Person		e Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Mailing Addres Registration S		Street Address: Rogistration So	ction	
Registration : Division of C		Registration Se Division of Co		
P.O. Box 632		The Centre of	•	
Tallahassee 1	FI 32314	2415 N. Monro	e Street, Suite &I	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF
50500 INVESTMENT LLC

(Name of the Limited Lia (A Fk	ibility Compa orida Limited I	ny as it now appear Liab(lity Company)	rs on our records.)			
The Articles of Organization for this Limited Liabilit Florida document number L20000282016	y Company	were filed on (19)	/09/2020	an	d assigr	ned
This amendment is submitted to amend the following	1.					
A. If amending name, enter the new name of the	limited liab	ility company he	<u>ere</u> :			
N/A						
The new name must be distinguishable and contain the words "	Limited Liabil	ity Company," the d	lesignation "LLC" or (the abbreviati	on "L.L.C	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A		202		
				- · - ·	0	1.
				<u> </u>	크	,
					ယ	1 [Ti
Enter new mailing address, if applicable:		N/A		**	3	
(Mailing address MAY BE A POST OFFICE BOX	2			62.5	— දෘ — ිය	
				- <u>- </u>	0.0	
B. If amending the registered agent and/or registragent and/or the new registered office address here. Name of New Registered Agent: Note: Not	<u>re</u> :	address on our r	ecords, <u>enter the</u>	name of th	е пеж г	egistered
New Registered Office Address:		E El .	rida street address			
		Liner Fur				
_		City	, Florid	aZip	Code	
New Registered Agent's Signature, if changing Regist	tered Agent:	·				
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	ent and agr nd complete id agent as _l tered office	ee to act in this performance of provided for in G	(my duties, and I Chapter 605, F.S.	am familia Or, if this	ir with i docum	and

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
			☐Change
			□Add
			Eæmove
			## □Change
			S □ Remove
		-	□Change
			□Add
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			□Add
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			[]Change

ZELHIDETH MONTANO DE	TABONE	
PLEASE UPDATE THE TAX	ID NUMBER OF THE LLC: 85-3277119	
	1110	
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		2020 OCT
		OCT CT
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effective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	tte of filing. e specific and cannot be prior to date of filing or more k does not meet the applicable statutory filing artment of State's records.	e than 90 days after filing.) Pursuant to 605 requirements, this date will not be list
ord specifies a delayed effective office.	late, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90th day after
CERTUALDUR 00	2020	
d SEPTEMBER 09	2020	
	ALUXI)	

Filing Fee: \$25.00

Typed or printed name of signee