## L21 000 14 7 094

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Out to the total of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
07/02/	a/ h
Office Use Only	



900364364849

06/01/21--01037--026 \*\*25.00

## **COVER LETTER**

١.

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	E & G Inve	stments of Florida, LLC	•··
	Name of Lin	nited Liability Company	
The analoged Articles of	'A mandmant and forday are act	in de et	
		_	
Please return all correspondent	ondence concerning this matter	to the following:	
		Name of Person	
	<del></del>	Firm/Company	
•		1806 NW 21st Place	
		Name of Limited Liability Company  and fee(s) are submitted for filing.  Serning this matter to the following:  Ernesto R. Garcia  Name of Person  Firm/Company  1806 NW 21st Place  Address  Cape Coral FL 33993  City/State and Zip Code rosa_taya@yahoo.com  E-mail address: (to be used for future annual report notification)  is matter, please call:  at (	
	Name of Limited Liability Company  es of Amendment and fee(s) are submitted for filing.  Trespondence concerning this matter to the following:    Emesto R. Garcia   Name of Person		
		Cape Coral FL 33993	
		•	
		<del>-</del>	<del></del>
	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Ernesto R, Garcia  Name of Person  Firm/Company  1806 NW 21st Place  Address  Cape Coral F1. 33993  City/State and Zip Code rosa_taya@yahoo.com  E-mail address: (to be used for future annual report notification)  oncerning this matter, please call:  at (  Person at (  S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy tadditional copy is enclosed)  El Street Address:  Registration Section		
For further information c	concerning this matter, please co	all:	
Rosa I. G	arcia		
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for the	ne following amount:		
		□ \$55.00 Wiling Upp &	□ 800 00 EEE . C
020.00 Fining Fee		Certified Copy	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Mailing Addres			
Registration S Division of C			
DIVISION OF C	огрогацону	Division of Co	orporations

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E & G Investments of Florida, LLC

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our re- ited Liability Company)	(ords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 03/30/2021	and assigned
This amendment is submitted to amend the following:		
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 "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Cape Coral FL 33993  Cape Coral FL 33993		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1806 NW 21st Place	
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
	Cape Coral FL 33993	<u></u>
Enter new mailing address, if applicable:	1806 NW 21st Place	
(Mailing address MAY BE A POST OFFICE BOX)		:
	fice address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		<del>.</del>
New Registered Office Address:		<u> </u>
	Enter Florida street aa	dress
		Florida
New Registered Agent's Signature, if changing Registered Ag	City	Zip Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	elete performance of my duties as provided for in Chapter 60	e, and I am familiar with and so
<del></del>	Changing Registered Agent Signatu	re 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>	Name	Address	Type of Action
AMBR	Ernesto R. Garcia	1806 NW 21st Place	<b>=</b> Add
		<del></del>	□Remove
		Cape Coral FL 33993	☐ Change
AMBR	Rosa I. Garcia	1806 NW 21st Place	<b>=</b> Add
			□Remove
		Cape Coral FL 33993	Change
		<del></del>	□ Add
			□Remove
			Change
			DAdd
			□Remove
			□ Add
,		<del></del>	□Remove
;			□ Change
	·		□Add
		·	Remove
			Change

<del></del>				
				<del></del>
<del></del>				
1				
<del></del>	<del></del>			
<u></u>				
<u>-</u>				
· 				
<del>,</del>				
fective date, if other than the d	late of filing:		(optional)	
n effective date is listed, the date must bete: If the date inserted in this block				
cument's effective date on the Dep				
1		10.01		
ecord specifies a delayed effective is filed.	date, but not an effective tir	ne, at 12:01 a,m, on the	earlier 61; (b) The 90th	day after ti
1				
May 27th	. 2021	<del>_</del> '		
	C/1			
	ignature of a member or author	rized representative of a n	nember	