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T. MATTHEWS
JUL 14 2022

Division of Corporations North Comofar Investments LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Arleen Davila Name of Person ADV Accounting & Tax Services LLC Firm/Company 12701 S John Young Pkwy Ste 215 Address Orlando FL 32837 City/State and Zip Code arleendavila@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: arleen Davila at (<u>407</u>) <u>641-0810</u>

Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section

Tallahassee, FL 32314

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ARTICLES OF ORGANIZATION ALTARY OF STATE OF STAT

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North Comofar Investments 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 were filed on 08/18/2021 and assig Florida document number $\underline{-1.21000371253}$ 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new re agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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.

Cirv

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of.
MGR	Catalina Ignacia Cortes-Monroy	5015 Laguna Bay Circle Apt 90	_ ≣∧dd
		Kissimmee FL 34746	
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-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an ef Note:	ive date, if other than the date of filing:
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.
Dated	11- MAYO - 2022 CD
	ω_{λ}
	Signature of a member or authorized representative of a member
	Mario Cortes Monroy
	Typed or printed name of signee