L18000 65144

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Registration Section

Division of Co	rporations			
SUBJECT: A 🎗	E Bermude Name of Lir	Z Investment, I	<u>.</u> <u>L</u> L	<u>e</u>
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspo	ondence concerning this matter	r to the following:		
	Eva	Bermude E Name of Person		
		Firm/Company		
	14776	SW 60th ST		
	Miami	FL 33193 City/State and Zip Code		·
	evaberiaz	3 & g mail.com (to be used for future annual report notif		
For further information c	e-man address: (oncerning this matter, please c		fication)	
EVA B	ermudez.	at (786) 346 Area Code Daytime	- 00	S 8
Enclosed is a check for th			·	
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	0	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Corp	oratio	
Tallahassee, F		The Centre of Ta 2415 N. Monroe		

Tallahassee, FL 32303

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

8240 watery 7-104	LLe
Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L 180000 63144</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
A & E Bermudez Invest. The new name must be distinguishable and contain the words "Limited Liabil	ment. I LLC Ity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	J. C. C.
(Principal office address MUST BE A STREET ADDRESS)	
	2011
Enter new mailing address, if applicable:	
(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:	iddress on our records, enter the hame of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City: Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Σφ Code

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

Title	Name	Address	Type of Action
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			□Remove
			Change
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			23 Remove
			□Add
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