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(Requestor's Name)	
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21 JUL 20 PHI2: 09

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
	GA INVESTMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARISOL BROOKS		
		Name of Person	<del></del>
	MTATAX@LIVE.COM		
	<del></del>	Firm/Company	<del>-</del>
	7975 NW 154 STREET ST	ГЕ 430	
		Address	<del> </del>
	MIAMI LAKES, FLORID	A 33016	
	<del></del>	City/State and Zip Code	
	MTATAX@LIVE.COM	to be used for future annual report not	:Envious
For further information of	concerning this matter, please c		nication)
MARISOL BROOKS		305 827-6088	
Name o	of Person	at ()	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	
Registration Division of (		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

21 JUL 20 PH 12: 09

RMADRUGA 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 \_\_\_\_\_ \_\_\_\_ and assigned Florida document number L05000121306 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 "L.L.C." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_ City

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Manager - Authorized Member	Address 21 JUL 20 F# 12: 09	
<u>Title</u>	<u>Name</u>	Address 21 JUL 20 PAIZ	Type of Action
		<del></del>	□Add
			□Remove
			□Change
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		<del> </del>	□Remove
			□Change

	RAMON MADRUGA HAS TRANSFER 8% OF HIS 75% SHARES AND NOW OWNES 67%  21 JUL 20 FH 12: 09
	ESTEBAN MADRUGA OWNES 25% OF HIS SHARES AND NOW OWNES 33%
	07/01/2021
ec	tive date, if other than the date of filing: 07/01/2021 (optional)
te	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the statutory filing requirements.
u	ment's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
3	/
~	1 07/01 2021.
C	Con 1
	Mayer Mandie
	Signature of a member or authorized representative of a member
	RAMON MADRUGA

Filing Fee: \$25.00