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TO TO

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 4	F Investmen	HS LLC lited 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:	
	Vania	Fadael Name of Person	
	V 3, F10	Nestments LLI Firm/Company	<u>C</u>
	_1163 Bar	atta Place	
	Lantana	FL 33462 City/State and Zip Code	
	fadelinct (E-mail address:	Duano, com no be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca		
Vania Fa	dael	at (<u>561</u>) <u>541-</u> Area Code Daytim	3115 e Telephone Number
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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

V & FInvestme	nts LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on ou ed Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on 1011	8 200-	7_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability Common "the Assistant	on 11 1 C'' an aba abb	andicina of 1 CV
the new hame must be distinguishable and contain the words. Climited Li	animy Company, the designation	on LLC ortheadon	reviation L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			2020
			3 · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			至
	2		. ف
*			35
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records,	enter the name	of the new registered
Name of New Registered Agent:		<u>.</u>	
New Registered Office Address:			
	Enter Florida stree	t address	
		, Florida	
	City		Zip Code

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Fadeline Fadael-Va	Icena 1163 BarattaPi	L_ ≯€ ∧dd
		Lantana, FL 33462	□Remove
			🗆 Change
			□Add
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(If an effective date is Note: If the date	f other than the date of s listed, the date must be spec inserted in this block doe tive date on the Departme	eific and cannot be priores not meet the applic	cable statutory filing	(optiona re than 90 days after filin requirements, this dat	g.) Pursuant to 605.0207 (
he record specifies ord is filed.	a delayed effective date, l	but not an effective t	time, at 12:01 a.m. or	n the earlier of: (b)	he 90th day after the
Dated 08-	06-	. 2021	<u>O</u> .		
Africa	W Hail Signatu	ire of a member or auth	vanua norized representative of	Fadael	
/	/		•		

Filing Fee: \$25.00