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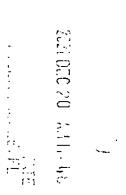
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(Address)
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(Duningua Freity Name)
(Business Entity Name)
(Document Number)
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A. BUTLER JAN - 5 2022

COVER LETTER

TO: Registration Se Division of Corp	norations	,	
SUBJECT:	- Ando Fi Name of Lim	ited Liability Company	hvestment Group LLC
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Nels</u>	Name of Person	
	2409	Firm/Company Sand Arbor Address	Circle
			420gm+il.com
For further information co	oncerning this matter, please ca		-
,		9 pez at (<u>407</u>) <u>467-</u> Area Code Daytime	94]] Telephone Number
Enclosed is a check for the	e following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	i .	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Or lando 7	-inauci,	al & Ini	estment Group L	LC
(Name of the Limited	Liability Compar Florida Limited L	ny as it novi appears on o liability Company)	ur records.)	
(A)	allini Campani	www.filmlon 12/	19 /20:16 and assigned	
The Articles of Organization for this Limited Clar	e 726	were filed on	and assigned	
Florida document number <u>L D90000</u>	0 (30,3			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
	SAME "			
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designa	tion "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicat (Principal office address MUST BE A STREET		2409 S. Ox 1Ando	And Arbor Circle FL 32824	- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>()X)</u>	SAME:	2409 Sand Arbor Orlando FL 328	-Cir ?25
B. If amending the registered agent and/or regarent and/or the new registered office address	here:			
Name of New Registered Agent:		Julio	C. Lopez d Arbor Circle rect address Florida 32824 Zip Code	_
New Registered Office Address:	24	09 SAU	d Arbor Circle	-
	Orla	mdo	Florida 32824	
		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 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

<u>Title</u>	Name	Address	Type of Action
		MA	□ Add
		<u></u>	Remove
		-	□Change
			□Add
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e: If the date inserted in this	he date of filing: nust be specific and cannot be prior block does not meet the applic Department of State's records.	able statutory filing require	(optional) 0 days after filing.) Pursuant to 60 ments, this date will not be li	05.0207 sted as
cord specifies a delayed effec s filed.	tive date, but not an effective i	me, at 12:01 a.m. on the ea	rlier of: (b) The 90th day af	ter the
ed 11/7/	Signature of a member or author	<u> </u>		
	Signature of a member or author	orized representative of a mem	ber	

Filing Fee: \$25.00