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R. HUNT 03/06/23

COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32314

LOSADA I	NVESTMENTS, LLC					
SUBJECT.	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ERNESTO LOSADA					
		Name of Person	···-			
	LOSADA INVESTMENT	S LLC				
		Firm/Company	-			
	1565 SAN RAFAEL AVE	NUE				
		Address		7:37:3-5		
	CORAL GABLES, FLORIDA 33134					
	City/State and Zip Code losadae@bellsouth.net					
		to be used for future annual report noti-	fication)			
For further information c	oncerning this matter, please ca	all:	ا - سا - لند	PH 3: 57		
JENY DIAZ		786 5636605				
Name o	f Person		e Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)			
Mailing Addres Registration (<u>Street Address:</u> Registration Sec	ction			
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOSADA INVESTMENTS LLC				
(<u>Name of the Limited Li</u> (A F	ability Compa orida Limited	any as it now appears on our record Liability Company)	<u>ls.</u>)	_
The Articles of Organization for this Limited Liabili	ty Company	were filed on 11-18-2011	and	l assigned
Florida document number L11000131437				
This amendment is submitted to amend the followin	ត់:			
A. If amending name, enter the new name of the	limited liah	oility company here:		
			د. ئ	
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC	•	n "L.L.C."
Enter new principal offices address, if applicable:		2366 WEST 77TH STREET		
(Principal office address MUST BE A STREET AI	DDRESS)	UNIT 2366	· · · · · · · · · · · · · · · · · · ·	; ; ;
		HIALEAH, FLORIDA 33016	150 G	المستدي
Entor non multing address (functional)		1565 SAN RAFAEL AVENUE	日 日 日 日 日 日	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	CORAL GABLES, FLORIDA	33134		
Maning undress MAT BE A FOST OFFICE BOX	7		·	<u>-</u>
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent: Jb		address on our records, <u>enter</u>	the name of the	new regis
33	 366 WEST 77	TH STREET, UNIT 2366		
New Registered Office Address:		Enter Florida street addres.		
Н	IALEAH	. Fle	orida <u>33016</u>	
		City	Zip C	ode .

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	<u>Address</u>	Type of Action
AMBR	JENY DIAZ	1565 SAN RAFAEL AVENUE	≣ Add
		CORAL GABLES, FLORIDA 33134	□Remove
		-	□Change
			□Add
			🗆 Remove
			Change
			Add
			Remove
			□Remove
			🗆 Change
			Remove
			Change
			🗆 🗆 Add
			□Remove
			□ Change

Typed or printed name of signee