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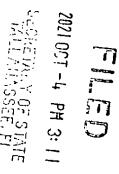
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lin	CATALL TO VOSTA	rent, (CC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	3105 3105 DOVAL, JUCKA D E-mail address:	Name of Person Name of Person	7.A. 2021 OCT -4 PH 3: 1-1 2021 OCT -4 PH 3:
For further information co	oncerning this matter, please c	ali:	
) CO /C Name of	Person	at (2015) 59- Area Code Daytime	7 -500/ e Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	,	Stroot Address	

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**

(Name of the Limited Liability Com (A Florida Limited	Califul Investment, (C pany agit now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 15 () 6 0 24</u> 00	by were filed on $\frac{2/9/20/5}{20}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	70.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CT L PR 3: III
agent and of the new registered office address nere:	address on our records, enter the name of the new registered
	via confedamesa
New Registered Office Address: 447	2 NW 936 DC/CI/CT Enter Florida street address
New Registered Agent's Signature if changing Posicional Association	O/CI Florida 33/78 City Zip Code

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>	Name	Address	Type of Action
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f an effective date is listed, t Note: If the date inserted	d in this block does no	ot meet the applica	o date of filing or more ble statutory filing r	than 90 days after fill equirements, this d	ing.) Pursuant t ate will not b	o 605.0207 e listed as
document's effective date	e on the Department of	of State's records.				
record specifies a delaye	ed effective date, but i	not an effective tin	ne at 12:01 a.m. on	the earlier of: (b)	The 90th day	catter the
d is filed.						
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Dated	Toh	· <u>2007</u>	/ 1	1		
	///cm	acce) (Ci	nfeucing ized representative of	i sico		_

Filing Fee: \$25.00