L15 000038458

(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor		•	m. 4
SUBJECT: Sie	na Investment	Capital Lu:	, ,
3003501. <u>- 310</u>		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	AI	ex Nahabetian Name of Person	
	Qua	Integral Service	es LU.
	1212 NW 8	and Ate Address	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	ill:	
Alex Na Name o	habetian fPerson	at (786) 2770 Area Code Daytim	1831 ne 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 (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Sierra Invest</u>	ment Capita	l uc.	
(Name of the Limited Liabili (A Florida	ty Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	03/02/2015	_ and assigned
Florida document number <u>L15000038458</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDR	(ESS)	·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our i	records, enter the name	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street 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	Qua Integral Services Lic.	1212 Now 62 nd AVR Miami, Fl 33126	≥_□Add
			Exemove
		······································	□Change
MGR	Federico Risier	1212 Now 82nd Av. Miami, F1 331	26Aqq
			□Remove
			Change
****			□Add
			□Remove
			□ Change
			□Add
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9. ffam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an efi <u>Note:</u>	ive date, if other than the date of filing:
the recorecord is fi	d 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 ed.
Dated	Signature of a member or authorized representative of a member ALEY NAHABETIAN Typed or printed name of signee
	Signature of a member or authorized representative of a member
	ALEY NAHABETIAN Typed or original name of slumme