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From:

Account Name : ABITOS PLLC Account Number : I20200000189

: (305)774-2945 : (305)774-1504 Fax Number Repeter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

∄ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVESTUS FIVE LLC

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DEC 18 2024

From: Johann Giralde

Fax: +13057742945

To

Fax: +18506176383

Page: 3 of 5

12/15/2024 5:06 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FIL	ED
2024 j	UEC .	
TALLAH	ASSCE	PM 2: 06

INVESTUS FIVE LLC		LAHASSIE
(<u>Name of the Limited Liabili</u> (A Fiorid	ity Company as it now appears on our record a Lumited Liability Company)	ILLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability C Florida document number $\frac{-16000015768}{-10000015768}$	Company were filed on01/22/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	\\\\\
	F1	orida 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.

From: Johana Giraldo

Fnx: +1305/742945

Ta:

Fax: +18506176383

Page: 4 of 5

12/16/2024 5:06 PM

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	MOHAMMAD ALI KHAN	10655 CORAL ST	≣ ∧dd
		PARKLAND, FL 33076	□Remove
			□Change
MGR	GUZMAN, MARIO	20803 Biscayne Blvd	
		Ste 310	■Remove
		AVENTURA, FL 33180	□Change
MGR	GUZMAN, ALBERTO	20803 Biscayne Blvd	□Add
		Ste 310	≣Remove
		AVENTURA, FL 33180	☐ Change
	·		□Add
			Remove Constitution Constitutio
			Change
			□Add
			□ Remove
			□ Change

To.

Typed or printed name of signee