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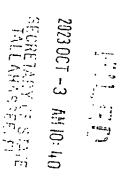
(Requestor's Name)
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(Document Number)
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COVER LETTER

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GUD USCT.		ENTS O & F LLC						
SUBJECT:		Name of Lin	nited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return	n all correspo	endence concerning this matter	to the following:					
		YESENIA VAZUEZ						
			Name of Person					
		WEISBURD, EISEN & P	OSSENTI, P.A.					
			Firm/Company					
		2751 EXECUTIVE PARK	CDRIVE, SUITE 104		2023			
			Address					
	WESTON, FLORIDA 33331							
			City/State and Zip Code					
			to be used for future annual report no	ntification)	2023 OCT -3 AMIO: 41			
For further i	information c	oncerning this matter, please c	all:					
YESENIA	VAZQUEZ		786 296-8667					
	Name o	f Person	Area Code Dayti	me Telephone Number	_			
Enclosed is	a check for th	ne following amount:						
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Certificate of Certified Cop radditional copy	Status & y			
	niting Addres		Street Address: Registration S	ection				
Division of Corporations			Division of Corporations The Centre of Tallahassee					
	O. Box 632 Illahassee. I		· · ·	Tallahassee oe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

INVESTMENTS O & F LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\frac{1.16000087119}{1.16000087119}$.	on MAY 6, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,	S N
Enter new principal offices address, if applicable:	023 TA
(Principal office address MUST BE A STREET ADDRESS)	100
	<u> </u>
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on a agent and/or the new registered office address here:	our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	er Florida 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 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>	<u>Name</u>	Address	Type of Action
AMBR	ALAIMO STRAZZERI, MARIA ROSA	10255 NW 63rd Terr	■Add
		Apt 101, BLDG 6	□Remove
		Doral, FL 33178	□Change
			□Add
			□Remove
			SECR TALL AND SChange
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		<u> </u>	Remove
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an effective	date is listed, the	han the date of date must be spe	citic and can	not be prior to	date of filing	or more than 90	(optional) days after f	iling.) Pur	suant to 6	05.020
ote: If the ocument's	e date inserted effective date	in this block do on the Departm	es not meet ent of State	the applicat 's records.	ole statutory	filing requirer	nents, this	date will	not be li	isted as
record spe I is filed.	cities a delayed	l effective date,	but not an c	rffective tim	e, at 12:01 a	.ni. on the ear	lier of: (b)	The 90t	h day at	ier the
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Filing Fee: \$25.00

Typed or printed name of signee