## L16000138066

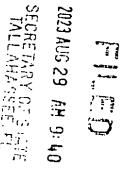
(Re	questor's Name)	
	dress)	
(Adi	uicsa)	
(Add	dress)	
(C:h	y/State/Zip/Phone	40
(City	y/State/Zip/Prione	#)
	_	
PICK-UP	WAIT	MAIL
	-i Faka Nam	
(Bus	siness Entity Nam	ie)
(Doc	cument Number)	
Carifinal Canina	C==###:==	-f Ch-t
Certified Copies	Centificates	or Status
Special Instructions to F	Eiling Officer	
Opecial instructions to a	illig Officer.	





700414727087

08/29/23--01019--016 \*\*25.00



## **COVER LETTER**

TO:

Registration Section Division of Corporations

Taliahassee, FL 32314

SUBJECT:	829 INVEST	TMENTS, LLC	
SUBJECT:	·	Limited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are	submitted for filing.	
Please return all cor	rrespondence concerning this mat	tter to the following:	
	HE	LEN M. CARDONA	
		Name of Person	_
	829 IN	Nestments, LLC	
		Firm/Company	<del></del>
	20201 E.	COUNTRY CLUB DR #17	04
	AJENTU	RA, FL 33180	
	CARDONA:	City/State and Zip Code  JN HO COMCAST, NET	_
		ss: (to be used for future annual report notification)	(0 6)
For further informa	tion concerning this matter, pleas	se call:	1023 TAI
	IM. CARDON A	at 205 796-445	1073 AUG 29 NECRATAIN
N	dame of Person	Area Code Daytime Telephone Numb	Ser si
Enclosed is a check	for the following amount:	י רי	· 10 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
\$25.00 Filing F	ree ☐ \$30.00 Filing Fee & Certificate of Status	S Certified Copy Certific (additional copy is enclosed) Certifie	Filing Fee, cate of Status & ed Copy is enclosed)
Mailing A		Street Address:	
_	tion Section of Corporations	Registration Section Division of Corporations	
P.O. Box	•	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	YENTS, L	LC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appear ted Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 16 000 138 0 66</u> .	any were filed on O	7/25/2016	and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company h	ere:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the d	esignation "LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if applicable:				<del></del>
(Principal office address MUST BE A STREET ADDRESS)	2			
			2020 AUG 2 SECRETA SALLAI	CHINAS 3 E 4 E 4 E 4 E 4 E 4 E 4 E 4 E 4
Enter new mailing address, if applicable:		-	<del>- 1/2                                   </del>	7.00 E
(Mailing address MAY BE A POST OFFICE BOX)				3
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our r	ecords, <u>enter the na</u>	ime of the n	ew registere
Name of New Registered Agent:	<del>-</del> -		····· ==	
New Registered Office Address:				
	Enter Florida street address			
		, Florida _		
<del></del>	City		Zip Code	2
New Registered Agent's Signature, if changing Registered Age	ent:			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent of	ete performance of	my duties, and I are	n familiar w	ith and

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

	ng Authorized Person(s) authorized to mand from our records:	nage, enter the title, name, and address of eac	h person being added
MGR = 1 AMBR = 1	Manager Authorized Member	841 NE 205 STREET	la
<u>Title</u>	Name	Address	Type of Action
MGR	Jessica N. HAMMill	891 NE 205 STREET	Add
		891 NE 205 STREET MIAMI, FL 33179	/ □Remove
			□Change
MGR	HELEN M. CARDON	A 20201 E. COUNTRYCL	<u>VB</u> PR #170 \$
teten- 46	+ Jessica ATE BOTH R. FOR 829 INVESTMENTS	AVENTURA, FZ 331	Remove
	Heen M. Coulors		
	<del></del>	AL	CRETAR 29
		ַ <u>,</u>	SECRITARY OF STATE
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
		<del></del>	□Add
			□Remove
			□ Change

	. =						<del></del>
	· · · · · · · · · · · · · · · · · · ·	<del></del>					
<del></del>				_ <del>.</del>			
					<u>.</u>		<del></del>
			·				
	<del></del>						<del></del>
	<del></del>						
					SE	202	
					CRE AL!	3 AU	ac. 20
	<del></del>				AHA	129	7
	<u> </u>		<del></del>		- <del>37</del>		- <del>5 9</del> 7
···					rn m Mro -meri	<del></del>	
					-L Vile	0:	<del></del>
					·		
fective date, if othe	er than the date of	filing:	<u></u>	(	ptional)		
n effective date is listed ote: If the date insert	, the date must be specified in this block does	fic and cannot be prior not meet the applic	r to date of filing or cable statutory fili	more than 90 days ng requirements	after filing.) F , this <mark>date w</mark>	Pursuant i ill not b	to 605.0207 e listed as
cument's effective da	ate on the Departmen	it of State's records	S.				
ecord specifies a dela is filed.	yed effective date, bu	ut not an effective t	time, at 12:01 a.m	on the earlier o	f: (b) The	90th day	y after the
tedAu	F 23	202	<u>3</u>				
	A	ien DY	1 Card				
<del></del>	Signature	of a member or auth	norized representativ	e of a member			

T::: D 005.00