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DIVISION OF CHARLEST PA

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## **COVER LETTER**

Divi	sion of Corp	orations					
SUBJECT:	AMENABA	R INVESTMENTS LLC					
SOURCE.		Name of Lim	ited Liability Company				
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		Hugo Angeli					
	Name of Person						
AMENABAR INVESTMENTS LLC							
Firm/Company							
5146 Watervista Drive							
	Address						
Orlando, FL							
			City/State and Zip Code				
		angelihugo@yahoo.com					
			to be used for future annual report notifi	cation)			
For further in	iformation co	ncerning this matter, please ea	all:				
Hugo Angeli	i		407 6161437				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed is a	check for the	e following amount:					
<b>■ \$25.00</b> F	iling 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 ADDRESS:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMENABAR INVESTMENTS L (Name of the Lim	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited I Florida document number <u>L16000168332</u>			gned
This amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name	of the limited liability company	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L	C."
Enter new principal offices address, if appli	cable:	or or	, Kr
(Principal office address MUST BE A STREET ADDRESS)			
	<del></del>		<u> </u>
		7	<b>2</b> €20
Enter new mailing address, if applicable:		<u> </u>	<u>y II.</u>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		> ::- <b>&gt;</b> ::
B. If amending the registered agent and registered agent and/or the new registered of	•••	on our records, enter the name of	f the new
Name of New Registered Agent:	Hugo Angeli		<del></del>
New Registered Office Address:			
	Enter	Florida street address	

#### 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.

City

HVO HVO I If Changing Registered Agent, Signature of New Registered Agent

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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	Uribe. Rosa I	5055 Nw 7 Street #11105	
		Miami, FL 33126	Remove
			Change
MGR	Hugo Angeli	10831 Windsor Walk Dr 1106	Add
		ORLANDO, FL 31837	□ Remove
			☐ Change
			□ Add
		•4•	Remove
			□ Change
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		/ ( Signatu	re of a member	er or authorize	ed representative	of a member			
		~							
	Uribe, Rosa I								

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Filing Fee: \$25.00