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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL
 	usiness Entity Name))
(Dc	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	istration Se ision of Cor			•				
SUBJECT.	ALMOAY	ED INVESTMENTS, LLC						
SUBJECT:		Name of Lim	ited Liability Company	·				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspo	indence concerning this matter	to the following:					
		DAVID CACEROS						
1			Name of Person					
• •		DAVCA INC						
			Firm/Company	 				
	18503 PINES BLVD STE 310							
			Address	F				
ŀ		PEMBROKE PINES FL 3	3029	ZHIT & SECHO ALLAI				
		david@davcainc.com	City/State and Zip Code	AMASSER - 9 TO TO TO THE PROPERTY OF THE PROPE				
		E-mail address: (to be used for future annual repor	t notification)				
For further in	nformation c	oncerning this matter, please c	all:	10 2 C				
DAVID CA	CEROS		954 837-816 at ()	25 A GI W 10 P 10				
	Name o	f Person	Area Code D	aytime Telephone Number				
Enclosed is a	check for th	ne following amount:						
□ \$25.00 F	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)				
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	Registration S Division of C Clifton Buildi	orporations				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALMOAYED INVESTMENTS, L	.LC		
(Name of the Limi	ited Liability Compai (A Florida Limited L	ny as it now appears on our record liability Company)	<u>s.</u>)
The Articles of Organization for this Limited L Florida document number L17000034354	iability Company	were filed on 02/08/2017	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liabi	lity company here:	TARRES T
The new name must be distinguishable and contain the venture new principal offices address, if applied	cable:	ity Company," the designation "LLC	or the abbreviation "L.I.C."
Principal office address MUST BE A STREI	ET ADDRESS)		FLORDE DO
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered o			s, enter the name of the nev
Name of New Registered Agent:	DAVCA INC		
New Registered Office Address:	18503 PINES B	LVD STE 310 Enter Florida street addres.	5
•	PEMBROKE PI		33029

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

if amendi or remove	ng Authorized Person(s) authorized to ed from our records:	manage, enter the title, name, a	nd address of each person being add
MGR = AMBR =	Manager Authorized Member		
<u>l'itle</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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:d <u>08</u> (103/17	<u>-</u>	<u>_</u> 20	17		-			
		Signature o	i monther o	authorized	epresentative of	of a member			
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