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Office Use Only



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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RODRIGUEZ DAVI	LA INVESTM	ENTS, LLC	
Please Debit 12000000	00257 For: <sup>55</sup>		
Thank you Seth Neele	:y		
1-4-2/	<u> </u>		
			Art of Inc. File
		-	LTD Partnership File
		]	Foreign Corp. File
		i -	L.C. File
		-	Fictitious Name File
		_	Trade/Service Mark
		_	Merger File
		_	Art, of Amend, File
		-	RA Resignation
		_	Dissolution / Withdrawal
		_	Annual Report / Reinstatement
		_	Cert. Copy
		_	Рћию Сору
		_	Certificate of Good Standing
		_	Certificate of Status
		_	Certificate of Fictitious Name
		_	Corp Record Search
,		_	Officer Search
	/	_	Fictitious Search
Simulation State of the State o	<del></del>		Fictitious Owner Search
Signature		_	Vehicle Search
			Driving Record
Requested by: SETH	07/00/22		UCC 1 or 3 File
	06/09/23		UCC 11 Search
Name	Date 7	ime	UCC 11 Retrieval
Walk-In	Will Pick Up _		Courier

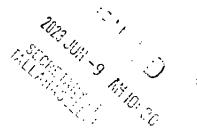
## **COVER LETTER**

TO: Registration Se Division of Cor			
	EZ DAVILA INVESTMENTS	S, LLC	
SUBJECT:	Name of Lim	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BARRY L. SIMONS, ESC	<b>Σ</b> .	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	LAW OFFICE OF BARR	Y L. SIMONS, P.A.	
		Firm/Company	
	7300 N KENDALL DRIV	E, SUITE 680	
		Address	<del></del>
	MIAMI, FL 33156	•	
		City/State and Zip Code	<del></del>
	BARRY@BARRYSIMON	S.COM to be used for future annual report notifi	Tanks V
For further information of	concerning this matter, please c	•	cadon)
		305 670-7020	
BARRY L. SIMONS, ES		at ()	Til 1 N L
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:	/	
□ \$25.00 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)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section of Corp	
P.O. Box 632	-	The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RODRIGUEZ DAVILA INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 05 / 12 / 2017	and assigned
Florida document number L17000105259		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:	-	···
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
•		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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
MGR	SANTISIMA TRINIDAD (BVI), II	3105 NW 107 AVE	≅Add
	Inc.	SUITE 448	□Remove
		DORAL. FL 33172	□Change
			□Remove
			□Change
		<del></del>	□ Add
			□Remove
		<del></del>	□ Change
		<del></del>	
			□Remove
			□ Change
	<del></del>	<del></del>	□Add
			□ Remove
			□Change
			□ Add
			□Remove
			Change

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E. Effective (	late, if other than the	date of filing t be specific and	g:	o date of filing or more	(option than 90 days after fi	i <b>al)</b> ling.) Pursuant to 605.020
Note: If the	e date inserted in this bl s effective date on the D	ock does not r	neet the applica	ble statutory filing r	equirements, this	late will not be listed a
document :	s effective date off the D	epariment of s	state s records.			
If the record	specifies a delayed	l effective o	date but not	an effective tim	a at 12∙01 a	m on the earlier o
	th day after the rec			and the time	o, at IE.VI U.	on the carner t
<b></b>	TF 0		2022			
Dated	TE 9		, 2023	<u>.</u> .		
		<	CAN'			
		Signature of a	member or sutho	ruled representative of	a member	
		DIKING OF T	menma or nome			

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Filing Fee: \$25.00