## L17000125949



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COVER LETTER

Registration Section Division of Corporations

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hristella G. investment Group (LC. Name of Limited Liability Company . H.CT enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Christella Sincere Firm/Company 6000 MEtrowest BLYD Stz 200-104 Address Orlando FL 32835 CityState and Zip Code Christella sincere @ outlook . Com E-mail address: (to be used for luture annual report notification) urther information concerning this matter, please call:

Sincere al (407) 412 - 4756 nistella

sed is a check for the following amount:

25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Compan (A Florida Limited Li	2023 MAY -3 Chel. 20 vasil now appears on our records.)
Articles of Organization for this Limited Liability Company velocities of Organization for the Line Velocities of Orga	
amendment is submitted to amend the following:	
.: amending name, <u>enter the new name of the limited liabil</u>	ity company here:
w name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
er new principal offices address, if applicable: <i>ncipal office address <u>MUST BE A STREET ADDRESS</u>)</i>	
ncipal office address SIOST BE A STREET ADDRESS	
or new mailing address, if applicable:	
il <u>ing address MAY BE A POST OFFICE BON</u>	·
. I amending the registered agent and/or registered office as	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

<u>Registered Agent's Signature, if changing Registered Agent:</u>

bely accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and in the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is in the registered office address. I hereby confirm that the limited liability wany has been notified in writing of this change.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_\_

Zip Code

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nending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>emoyed from our records</u>:

R = -Manager

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**TBR** = Authorized Member

. 2	<u>Name</u>	Address	Type of Action
			🗆 Add
			🗆 Remove
			Change
		·	🗆 Add
			🗆 Remove
			□Change
			□ Add
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			□Change
- **			🗆 Add
			🖸 Remove
			Change

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If amending any other information, enter change(s) here: (Attach additional sheets. (fnecessary.)

Affective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional) . in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records

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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .d is filed.

Dated	5/3/2023	
	Signature of a member or authorized representative of a member	
	Christella Sivere	
	Typed or printed name of signee	