## L18 000 050 192

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## **COVER LETTER**

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	egistration Se ivision of Cor					
CUB IE CT		VESTMENTS BY AMB LLC				
SUBJECT	·:	Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		indence concerning this matter				
		ANGELICA BAEZ				
			Name of Person			
		ANGELICA M. BAEZ RE	EAL ESTATE BROKERAGE L	LC		
			Firm/Company			
		15180 SW 170TH TERRA	ACE			
		Address				
		MIAMI, FL. 33188				
		<del></del> -	City/State and Zip Code			
		abaezrealty@gmail.com	to be used for future annual report	notification)		
For further	r information c	oncerning this matter, please c		gotintzaon)		
ANGELIO		- ,	786 327 9695	;		
	Name o	f Person	Area Code Day	time Telephone Number		
Enclosed i	s a check for th	he following amount:				
<b>■ \$2</b> 5.00	0 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)		
R	Jailing Addres Registration	Section	Street Address Registration	Section		
	Division of C P.O. Box 632	-	Division of Centre C	Corporations of Tallahassee		
_	allahassee,			nroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GROW	INVESTMENTS	BY AMB LLC	
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L18000050192	iability Company	were filed on FEBRUARY 26, 2018	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
ANGELICA	. M. BAEZ REAL I	ESTATE BROKERAGE, LLC	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2600 DOUGLAS RD. #1101	
(Principal office address MUST BE A STREET ADDRESS)		CORAL GABLES, FL. 33134	
			<del></del>
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.  Name of New Registered Agent:  New Registered Office Address:		Enter Florida street address	Security of State of
		, Florida	Zip Code
N P to 14 d C 4 (Feb. do-	Destant di A		27 00.1C

## 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			□Add
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			□Add
		, <u></u>	□Remove
			□ Change

	N/A
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(If an effect Note: If	e date, if other than the date of filing:    N/A   (optional)
he record s ord is filed	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
50	CTOBER 28 2022
Dated	
	Signature of a member or authorized representative of a member
	ANGELICA BAEZ
	Typed or printed name of signee

Filing Fee: \$25.00