Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 : (844)386-0178 : (214)317-4754 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVESTMENT VERIN, "L.L.C."

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

To: 18506176383 From: 12147128131 Date: 10/04/21 Time: 5:52 AM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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INESTMENT V	ERIN	"LLC"			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now ap iability Compa	opears on our reco my)	ords.)		
		•			,
The Articles of Organization for this Limited Liability Company v	vere filed or	100/04/	20(0 ai	nd assigi	red
Florida document number <u>48000055528</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity compan	y here:			
INVESTMENT VERIN	LLC				
The new name must be distinguishable and contain the words "Limited Liability	ty Company,"	the designation "L	LC" or the abbreviat	ion "L.L.C	·
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
			5 S	22	
				0	
The state of the s				C	-73
Enter new mailing address, if applicable:			S 76	<u>r</u>	=
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	Ф	-
				_	
V to do 66 and	.ddwana am a	ur vaande ant	Some the name of f	he trest	registered
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	auress on o	iur recorus, <u>en</u>	:	ne neg .	- CHISTOTOW
agent annot the new registered with the state of the					
CNI Disclarate di Assenti					
Name of New Registered Agent:		<u> </u>			
New Registered Office Address:		r Florida street ada	dunda		
	rsnie				
			Florida		
	City		2.17) Caae	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performant	ce of my duties,	, ana 1 am Jamui	ıar wun	ana
accept the obligations of my position as registered agent as p		1 1 C	المستوارية المسالم	D.Allin	

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

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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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CARLOS E. ACOSTA IMBIRIBA	13584 TURTLE MARSH LOOP	#112
		ORLANDO, FL 32837	□ Remove
			[] Change
			DAdd
			[]Remove
			Change
			Cl Add
			Remove
			Change
			[] Add
			□ Remove
			Change
			DAdd
			□ Remove
	•		□ Change
			🗆 Add
			🗆 Remove
			[] Change

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	nt's effective date on the Department of State's records.)
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is file	SEPTEMBER 17 2021		
is file	SEPTEMBER 17 2021	IAI: ORIC	
is file	SEPTEMBER 17 202 Signature of a member or authorized representative of a member	TATE ORIOA	1:17

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