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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: NV15+m-	Name of Limited Liability Company
	Haine of Elimica Elability Company
The enclosed Articles of Amendment and	f fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
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2455	E Survise Blue # 807
For	- Landerdale, Fl 33304 2 2
	on your and any cour
	i-mail address: (to be used for future annual report notification)
For further information concerning this n	75, (3
To restrict information concerning this in	iatter, prease can.
Name of Person	at (GSI) B · 537 - 17-17  Area Code Daytime Telephone Number
Enclosed is a check for the following amount	ount:
\$25.00 Filing Fee S30.00 Fil Certifica	ling Fee & S55.00 Filing Fee & S60.00 Filing Fee, the of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTMENTS & LEASES, 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 4/11/2018 \_\_ and assigned Florida document number L18000092026 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 65 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

\_, Florida \_

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	Jose J Osorio-Hoyos	7460 Woodmont Terrace #103	
		Tamarac, FL 33321	<b>≡</b> Remove
			□Change
MGR	Maria Victoria Arevalo Callejas	10303 Sunrise Lakes Blvd., #304	<b>≣</b> ∧dd
		Sunrise, FL 33322	□Remove
			□Change
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Effective date, if o	other than the date o	of filing:		(option:	al)	
(If an effective date is li Note: If the date in	other than the date of isted, the date must be specified in this block does not the live of the live o	eific and cannot be prior es not meet the applic	to date of filing or more able statutory filing re	than 90 days after fill	ing.) Pursuant to	605.0207 (3)(b)
document's effectiv	e date on the Departme	ent of State's records		•	· · · · · · · · · · · · · · · · · ·	
the record specifies a ecord is filed.	delayed effective date.	but not an effective t	me, at 12:01 a.m. on t	he earlier of: (b)	The 90th day	after the
Dated November	14	2022	()			
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