# L18000102446

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## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:Q	2465 Invest Name of Lin	FMENK LLC		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	Josh A	Name of Person	<del></del> -	
	2465 II	Nestments LLC Firm/Company	<u>-</u>	
	<u>138015h</u>	119# Avenue Address		
	Minni F	City/State and Zip Code		
	E-mail address:	to be used for future annual report notif	fication)	
For further information c	concerning this matter, please c		······································	
Jessica a	<del></del>	at ( <u>305</u> ) <u>301 - 6</u> Area Code Daytime	1800 E	3
Enclosed is a check for the	of Person the following amount:	Area Code Daytime	e Telephone Number	
1 S25.00 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 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

_ 2965 Lave	stments	12L		
( <u>Name of the Limitec</u> (7	l Liability Company a A Florida Limited Liabi	s it now appears on lity Company)	our records.)	<del></del>
The Articles of Organization for this Limited Lia Florida document number <u>L 18000 102</u>	bility Company wer		1/26/18	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability	company here:		
The manual manual of the state	×			
The new name must be distinguishable and contain the wor	'ds "Limited Liability C	ompany," the design	nation "LLC" or th	e abbreviation"L.L.C."
Enter new principal offices address, if applicat	ole:		\ /	产生机
(Principal office address MUST BE A STREET	ADDRESS)			
	_			77
Enter new mailing address, if applicable:		,	\ /	22
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			1
	_			
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office addr here:	ess on our recor	ds. <u>enter the na</u>	ame of the new regis
Name of New Registered Agent:	Josh	NAVARA	<u> </u>	
New Registered Office Address:	1380/54	1/9# DI		<u> </u>
	MiAMI	Enter Florida st City	reet address, Florida	33186 Zin Code
New Registered Agent's Signature if changing Dec		•		ing. Come

### 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 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
AMBR	Edvard DiAZ	2377 SW 24th TERRACE	
		23775W 24 + TERRACE MIAMI FL 33195	KRemove
			□Change
			□ Add
			□Remove
			□Change
	<del></del>		
			Remove  Change
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