L1800011147Z

(Red	questor's Name)	
(Ado	dress)	
(Add	dress)	
(City	//State/Zip/Phone #)	
PICK-UP	wait	MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to f	Filing Officer:	
<u>ا</u> ــــــــــــــــــــــــــــــــــــ	Office Use Only	



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		COVER LETTER	
TO:	Registration Section Division of Corporations	· • •	
SUBJE	ст: <u>· О· &</u>	Y INVESTMENTS; LLC Name of Limited Liability Company	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$ \$25.00 Filing Fee

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☐ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy radditional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF	AMENDMENT
Т	0
ARTICLES OF C	DRGANIZATION
C)F
	ENTS, LLC Inv as it now appears on our records.) Liability Company
The Articles of Organization for this Limited Liability Company	were filed on $05/03/2018$ and assigned
Florida document number $L18000111472$.	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."
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)	
B. If amending the registered agent and/or registered office a	address on our records, enter the name of themew registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

. •

Title	Name	Address	Type of Action
AMBE	YUNIUR RIVERO	3750 GUNN HWY, STEZOS TAMPA, FL 30618	_ 🗆 Add
			_ NRemove
			_ 🗋 Change
AMBR	MARIA RIVERO	SSIO RIVER RD, STE 101 NEW PORT KKHEY, FL 34652	Î <b>V</b> Add
			_ 🗆 Remove
			🗆 Change
			_ 🗆 Add
			_ DRemove
			_ ⊡Change
			_ 🗆 Add
			_ 🗆 Remove
			_ 🗆 Change
			_ 🗆 Add
			🗆 Change

D. I	f amending any other information, e	nter change(s) here:	(Attach additional sheets	s, if necessary.	J
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If the 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 record is filed.

Dated SEPTEMIBER 215T, 2020.
Signature of a member or authorized representative of a member
YUNIOR RIVERO
Typed or printed name of signee

Filing Fee: \$25.00