## L18000 114786

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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## COVER LETTER

Registration Section

**Division of Corporations** 

**)**;

	nvestment LLC			
BJECT:	Name of Lim	ited Liability Company		
e enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
rase return all correspo	ondence concerning this matter	to the following:		
	HUmberto O Rinaldi			
		Name of Person		
		Firm/Company		202
	90 SW 3rd ST , Retail CU	<u></u>	<u> </u>	NO SEP
	Miami FL 33130	Address	1	15 PM 3
	operation@cwvdevelopmer			2020 SEP 15 PM 3: 19
		to be used for future annual report noti	fication)	_
r further information c utalia Carvalho	oncerning this matter, please c	305 4387730 EN	71, 1003	
Name c	f Person	at () Area Code Daytim	e Telephone Number	
closed is a check for the	ne following amount:			
3 \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co radditional copy	f Status & Py
Mailing Address Registration 3 Division of C P.O. Box 632 Tallahassee.	Section Forporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3604 DAY INVESTMENT, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ne Articles of Organization for this Limited Liability Company were filed on and assigned L18000114786 orida document number his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: 504 Day LLC ie new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Same as on file nter new principal offices address, if applicable: Principal office address MUST BE A\_STREET ADDRESS) Same as on file nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered office address on our records, enter the name of the new registered zent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is zing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added removed from our records:

## GR = Manager ABR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
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				9	
ive date, if other than the dective date is listed, the date must lift the date inserted in this blockent's effective date on the Dep	late of filing:	e of filing or more than 90 da tatutory filing requiremen	( <b>optional</b> ys after filing its, this date	) g.) Pursu g. will n	ant to 605,020 of be listed a
d specifies a delayed effective led.	date, but not an effective time, a	t 12:01 a.m. on the earlie	r of: (b) = T	he 90th	day after the
September 10	2020				

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