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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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T. MATTHEWS FEB - 2 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divisi	on of Cor	porations			
A SUBJECT:	NMAR E	NVESTMENT GROUP LLC			
SOBJECT:		Name of Lim	ited Liability Company	 	
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing.		
Please return al	l correspo	ondence concerning this matter	to the following:		
		Andres A. Manosalva Dou	aihi		
			Name of Person	.	
		Anmar Investment Group	LLC		
			Firm/Company		
		1151 Chenille Circle			
			Address		
		Weston, FL 33327			
			City/State and Zip Code		
		info@anmarbymarilove.cor			
Com Contlant in Co			to be used for future annual r	eport notification)	
		oncerning this matter, please c			
Andres A. Man			at ()	-7099	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a ch	eck for th	ne following amount:			
≡ \$25.00 Filin	ng Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of	f Status & py
Regis Divis		Section orporations	Divisior	tion Section n of Corporations	
P.O. I	Box 632	/	The Cen	itre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 JUN 27 PH 4: 45

ANMAR INVESTMENT GROUP 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 I		were filed on $\frac{07/}{}$	30/2018	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company he	<u>re</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	rsignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE		N/A		
The state of the s		N/A		
			-	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)		N/A		
		N/A	_	
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our re	cords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	ps . (2)		
		Enter Flori	ida street address	
	N/A	C	, Florida <u>^</u>	WA 21 - C - L
		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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
AMBR	Caceres Casado, Mariana	1151 Chenille Circle	
		Weston, FL 33327	≣Remove
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Tecti	re date, if other than the date of filing:
an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
Cum	in 8 effective date on the 19epartment of State 8 feedrds.
	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
is fil	d.
ated	November 29 2021
-	

Typed or printed name of signee