K18000211530

(Re	questor's Name)	
 		
(Ad	dress)	
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☐ PICK-UP	☐ WAIT	MAIL
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T. MATTHEWS DEC 2 2 2021

COVER LETTER

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TO:

Registration Section Division of Corporations

	VESTMENTS LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	PETER M LOPEZ		
		Name of Person	_
	PETER M. LOPEZ P.A.		
		Firm/Company	
	1911 NW 150 AVENUE.	SUITE 201	
		Address	
	PEMBROKE PINES, FL	33028	
		City/State and Zip Code	_
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
DANIEL FERNANDE	ez.	305 392-1350 at ()	
Name of Person		Area Code Daytime Telephone Numb	er
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	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

21 CEC 14 Fit 3: 21

2975 INVESTMENTS LLC			
(Name of the Limited L (A F	iability Compan Iorida Limited Li	y as it now appears on our recability Company)	ords.)
The Articles of Organization for this Limited Liabil Florida document number L18000211530	ity Company v	vere filed on <u>09/05/2018</u>	and assigned
This amendment is submitted to amend the following	 ng:		
A. If amending name, enter the new name of the	limited liabil	ity company here:	
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	Ŋ		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		idress on our records, <u>ent</u>	er the name of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address:		Enter Florida street add	iress

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>	Address	Type of Action
MGR	JHONNY MALDONADO	1911 NW 150 AVENUE, SUITE 201	■Add
		PEMBROKE PAINES. FL 33028	□Remove
			☐ Change
			□ Add
		 	Remove
			□Change
	AA4-19-4		□Add
			□Remove
			□Change
	 -		🗀 Add
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Effective date, if other than the offen effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	be specific and can ck does not meet	not be prior to the applicab	date of filing or	more than 90 day	(optional) s after filing.) Pursu s, this date will n	iant to 605.0207 of be listed as t
record specifies a delayed effective d is filed.	date, but not an o	effective time	e, at 12:01 a.m	on the earlier	of: (b) The 90th	day after the
DECEMBER I		021	. •			
	Signature) a mem	runs.	Mala	hulle		

Filing Fee: \$25.00