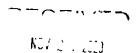
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(Requestor's Name)
(Address)
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(Business Entity Name)
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. COVER LETTER

TO: Registration Sec Division of Corp		· •	
SUBJECT: IA	Warz- Inve	St monts i LLC	
	Name of Lim	ited Liability Company	-
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	IVette	M. ANGVET Name of Person	
		Firm/Company	
	11829 Sh	1 11 St	
		FL 33184 City/State and Zip Code	
	E-mail address: (TVAVTTOHO G	Mall. Com leation)
For further information co	ncerning this matter, please ca	all:	
TVEHE Name of	AWQVCZ Person	at (780) 252- Area Code Daytimo	Telephone Number
Enclosed is a check for the	following amount:		
≨-\$25.00 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		Street Address:	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

THIMICT INVOSTINE		
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
	2018 IMA	
The Articles of Organization for this Limited Liability Company	were filed on 10 15 28 28 and assigned	
Florida document number <u>L 18000 237048</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		_ _
	20	
Enter new mailing address, if applicable:	2020 10V 24	1
	P C	<u>; </u>
(Mailing address MAY BE A POST OFFICE BOX)	PH 12:	
	- U	—
B. If amending the registered agent and/or registered office a		istorod
agent and/or the new registered office address here:	iddress on our records, enter the name or the new regi	stereo
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	P. P. J. J. J.	
	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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document	l
and the same and t		

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	tilda Gamboa	2430 SW 124th AUK	🗷 🗸
		Miami, FL 33175	□Remove
			□Change
			🗆 Add
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ective date	e, if other than the is listed, the date i	he date of filir nust be specific ar	ng: nd cannot be prior	to date of filing of	or more than 90 days	optional) after filing.) F	ursuant to 605.020
te: If the da		block does not	meet the applic	able statutory f	iling requirements		
		•					
•	es a delayed effec	aive date, but no	ot an effective t	me, at 12:01 a.	m, on the earlier o	of: (b) The s	90th day after the
s filed.							
ted <u>OC</u>	t 21 _		. <u>202</u> C	<u>)</u> . ^			
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