## L18000276693

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4 9/13/2022

## **COVER LETTER**

Division of Corp		•	·
SUBJECT: Treas	ico Fundino	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	idence concerning this matter	to the following:	
	Katia	Aniza	
		Name of Person	
SUBJECT: Treasure Funding His matter to the following:    Firm#Company			
	14269 SW	tast	
	Migni	FC 33175	
	•	City/State and Zip Code	
	E-mail ddress (	frise yahoo . Co h	ication)
For further information co			
12 1	1 -	-0.5 DOC	etill.
Name of	Person Person	at (305) 385- Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
<b>№</b> \$25.00 Filing Fee			
	Certificate of Status	• •	Certified Copy
			(additional copy is enclosed)
Mailing Address		Street Address:	.•
Registration S		Registration Sec	

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

2022 JT 122 PH 1:13

Treasure Funding (Name of the Limited Liability Comba (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18 000 27 6693</u>	were filed on 11/30/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
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 agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	1/A
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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u> <u>Name</u>	Address	Type of Action
Authorized Javier Digz		□Add
Representative  * Please remove Jovie R.	14269 SW 42 St Mami, FL 33175	Remove
Diaz From this		□Change
prosition es of today		□Add
		□Remove
		□ Change
		□Add
		□Remove
, 		
		□Add
		□Remove
		□Change
		□Add
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	/	□Change
		DAdd
		□Remove
		□ Change

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(If an effect <b>Note:</b> If	late, if other than the date of filing:
If the record s record is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 15 .2022.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00