118000283382

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TO:

TO: Registration Se Division of Cor			
	VESTMENTS LLC		
SUBJECT:	Name of Lim	Name of Person LLC Firm/Company O S Address City/State and Zip Code IL.COM to be used for future annual report notification) all: at (
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	VIRANI SEAN		
		Name of Person	
	NASSA INVESTMENTS	LLC	
		Firm/Company	
	4425 DEL PRADO BLVI	o s	
	.	Address	
	CAPE CORAL, FL 33904		
		•	
	RAJESHV2005@HOTMA		(6()
For further information c	e-mail address: (meation)
VIRANI SEAN		at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
Mailing Address		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NASSA INVESTMENTS LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records. I Liability Company))
he Articles of Organization for this Limited Liability Companion document number 1.18000283382	y were filed on 12/10/2018	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
IARLEYS CAPE CORAL LLC		.,
ne new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC"	or the abbreviation b.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		- 17
		# 2
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		4D =
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter t</u>	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	nnier rioriaa sireel aadress	
	, Flor	
	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>	Address	Type of Action
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			20 Chemove
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record specifies a delayed effective of is filed.	late, but not an effective	e time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th	day aft	er the
JANUARY 04	2020						
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Filing Fee: \$25.00