## L19000031440

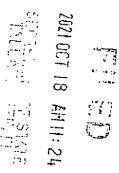
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A. BUTLER OCT 28 2021

## **COVER LETTER**

	Registration Sec Division of Corp						
SUBIFC		restments, LLC					
SUBJECT:Name of Limited Liability Company							
The encle	osed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please ret	rum all correspo	ndence concerning this matter	to the following:				
		Carlos Vacac Paz					
			Name of Person	<del></del>			
		Vacapaz Investments, LLC					
			Firm/Company				
		12308 Pescara Ln					
			Address				
		Orlando, Florida 32827					
			City/State and Zip Code				
		carlosvacapaź@gmäil.com					
		E-mail address: (	to be used for future annual report notifican	cion)			
For further	er information co	oncerning this matter, please c	all:				
Carlos V	aca Paz		591 336-4183 at ()				
	Name of	Person	Area Code Daytime To	. lephone Number			
Enclosed i	s a check for the	following amount:					
<b>≡</b> \$25.0	0 Filing Fee	S30.00 Filing Fee & Cortification of Status	S55.00 Filing Fee & Contified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate Copy (additional copy is enclose			

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corpo rations The Centre of Tall ahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, OF

Vacapaz Investments, LLC	71	021.0CT 18 AH 11: 24
(Name of the Limited Lin (A Flo	orida Limitad Liphility Company)	
The Articles of Organization for this Limited Liability	Situa Entition Enablinary Company)	FREE COST STATE
The Articles of Organization for this Limited Liability	Company were filed on $\frac{01/30/26}{1}$	0A19. FE. FL and assigned
lorida document number L19000031440	,	
This amendment is submitted to amend the following	y.	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words "I	imited Liability Company." the designation	at ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
(Principal office address MUST BE A STREET AL	ODRESS)	
(Principal office address MUST BE A STREET AL	ODRESS)	
	ODRESS)	
Enter new mailing address, if applicable:	ODRESS)	
	DDRESS)	
Enter new mailing address, if applicable:	<u>DDRESS)</u>	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
Enter new mailing address, if applicable:	ered office address on our recor	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registe	ered office address on our recor	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registe	ered office address on our recor	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registed agent and/or the new registered office address here.  Name of New Registered Agent:	ered office address on our recor	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registed agent and/or the new registered office address here	ered office address on our recor	rds ~i, enter the name of the new regi
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registed agent and/or the new registered office address here.  Name of New Registered Agent:	ered office address on our recor	rd:: ~i, enter the name of the new reg
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registed agent and/or the new registered office address here.  Name of New Registered Agent:	ered office address on our recor	rds ~i, enter the name of the new regi

I hereby accept the appointment as registered agent and agree to act in this capac: ...jn., I further garee, to comply, with the provisions of all statutes relative to the proper and complete performance of my acuties, 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 fleel to marely reflect a change in the registered office address. Thereby complete initial initial linking 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 Actio
AMBR	Esteban Molina Monasterio	12308 Pescara Ln	
		Orlando, Florida 32827	- Reman.
			□Chaṇgu
AMBR	Carlos Vaca Paz	12308 Pescara Ln	□Add
	•	Orlando, Florida 32827	<b>■</b> Remov
			□Change
		- <u></u>	□Changg
			Dadd
			□Remove
			U\hang
		J	
		·	Change
			□Add
			□Remov

Typed or printed name of signee

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