## L19000031440

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

Vacapaz In	vestments, LLC		
JUDJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carlos Vaca Paz		
		Name of Person	
	Vacapaz Investments, LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	12308 Pescara Ln		
		Address	
	Orlando, Florida 32827		
		City/State and Zip Code	<del></del>
	carlosvacapaz@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
for further information c	oncerning this matter, please c	all:	
Carlos Vaça Paz		591 336-4183 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vacapaz Investments, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 01/30/2019	and assigned
Florida document number L19000031440		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
		22
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		1 2 2
		0.55
		3 3 3 6 3 3 6 3 3 5 6 5 6 5 6 5 6 5 6 5
<ol> <li>If amending the registered agent and/or registered egent and/or the new registered office address here:</li> </ol>	office address on our records, <u>enter th</u>	e name of the new regist
gent and/of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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 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>	Name	Address	Type of Action
AMBR	Carlos Vaca Paz	12308 Pescara Ln	
		Orlando, FL. 32827	□Remove
			Change
AMBR Daniel Vaca Paz	12308 Pescara Ln	■Add	
		Orlando, FL. 32827	
			☐ Change
AMBR Esteban Molina Monasterio	12308 Pescara Ln	©Add; ⊗	
		Orlando, FL. 32827	Removen
			P P P P P P P P P P P P P P P P P P P
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eument's effective date on the	Department of State's records.	
ecord specifies a delayed effec	tive date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after th
is filed.		,
lune 30	2022	
ated June 30		
$\rho / I$	1 D	
( dal)	Signature of a member or authorized representative	