L19000055096

(R	equestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor				
	IRINO INVESTMENTS LLC			
SUBJECT:	Name of Lim	ited Liability Company	,	
The audiend Amialog of	Amendment and fee(s) are sub	mitted for filing		
Please return all correspo	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
	INCFILE.COM LLC			
		Firm/Company		
	17350 STATE HWY 249	STE 220		
	<u> </u>	Address		
	HOUSTON, TX 77064			
		City/State and Zip Code		
	EFILE1234@INCFILE.CO			
		to be used for future annual report not	rification)	
For further information of	concerning this matter, please c	all:		
LOVETTE DOBSON		888 462-3453		
Name o	f Person		ne Telephone Number	
Enclosed is a check for t	he 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 Addres	Section	Street Address: Registration Se		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee,			pe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INVESTMENTS LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L19000088096	were filed on 04/01/2019	and assigned
This amendment is submitted to amend the following:		7020 NOY -1
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.b.C."
nter new principal offices address, if applicable: 924 N MAGNOLIA AVENUE SUITE 20		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	T BE A STREET ADDRESS) ORLANDO, FL 32803	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	924 N MAGNOLIA AVENUE ORLANDO, FL 32803	SUITE 202 PMB 1021
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter t Enter Florida street address	he name of the new registered
	, 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
AMBR	VALENTIN CIRINO	924 N MAGNOLIA AVENUE SUITE 202 PMB 102	
		ORLANDO, FL 32803	
			_ = Change
AMBR	DIANA TORRES	924 N MAGNOLIA AVENUE SUITE 202 PMB 102	
		ORLANDO, FL 32803	
			_ = Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ 🗆 Add
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Effective date, if other than the distribution of the date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	be specific and cannot be prior to dek does not meet the applicable	late of filing or more than 90 days after fi	ling.) Pursuant to 605.0207 (3
ne record specifies a delayed effective ord is filed.	date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
OCTOBER 25	2020		
Dated Valentin	enno ignature of a member or authorize	ed representative of a member	
	ignature of a member of aumorize	to representative or a member	
VALENTIN CIRINO - A	MBR		
	Typed or printed n	ame of signee	

Filing Fee: \$25.00