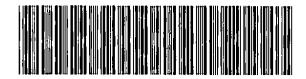
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2021 SEP -7 PM 8: 00

COVER LETTER

то:	Registration Se Division of Cor		. 1	
CUDIT		vestment LLC		` *
SUBJE	ECI:	Name of Lin	ited Liability Company	
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Ricardo Perdomo		
			Name of Person	
			Firm/Company	
		19800 SW 180th Ave Lot	563	
			Address	
		Miami FL 33187		
			City/State and Zip Code	
		riaddy@yahoo.com E-mail address: (to be used for future annual report not	ification)
For fur	ther information ed	oncerning this matter, please c	• •	·
Ricardo	o Perdomo		305 510-9672	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$2:	5.00 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 Address Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

FILED **OF**

2021 SEP -7 PM 8: 06

SL & CC Investment LLC

(Name of the Limited Liability Company as it now appears on the Chirosoft (A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	ability Company were fil	led on 03/13/20	and assigned
Florida document number L19000191442	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability cor	npany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Comp	any," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
3. If amending the registered agent and/or regent and/or the new registered office address	egistered office address s here:	on our records, enter the name	e of the new registered
Name of New Registered Agent:	Hugo S Lopez		
New Registered Office Address:	1677 Ludington Ave		
		Enter Florida street address	
	Wesley Chapel	, Florida 335	43-7606
	City	· · · · · · · · · · · · · · · · · · ·	Zip Code
ew Registered Agent's Signature, if changing I	Registered Agent:		

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and xept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany 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>	<u>Address</u>	Type of Action
AMBR	Pacheco Vilma	2980 Golden Gate Blvd	□Add
		Naples, FL 34120	≅ Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
		-	□Add
		·	□Remove
			□ Change
			□Add
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>lote:</u>	we date, if other than the date of filing:
record Lis fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated [August 27th , 2021
	Jan Stancas
	Signature of a member of authorized representative of a member
	- , ,