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## **COVER LETTER**

TO: Registration Section
Division of Corporations

	NVESTMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	Name of Limited Liability Company  ce(s) are submitted for filing. g this matter to the following:  UESO  Name of Person  Firm/Company  TH RD  Address  City/State and Zip Code  4475  mail address: (to be used for future annual report notification)  tter, please call:  at (	
Please return all correspondent	ondence concerning this matter	to the following:	
	ABNER A. BUESO		
	****	Name of Person	
		Firm/Company	
	2220 NW 24TH RD		
		Address	
		City/State and Zip Code	
	OCALA FL 34475  E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please co		,
ABNER A. BUESO			
Name	of Person	Area Code Daytir	me Telephone Number
Enclosed is a check for t	the following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Registration So Division of Co The Centre of	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUESO INVESTMENTS LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L19000238995.	y were filed on 9/23/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lieb	oility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		2024.
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Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		P
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3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the nar	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Florida Street address	
	, Florida _	Zip Codc
	City	Zip Coac

## 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
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