L19000263506

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



100384526281

04/85/22--01016--016 *+25.00

22 APR -5 PH 2: 58

T. MATTHEWS APR 1 9 2022

COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			•
elib li	· ·	WEEKLY F	REEDOM INVESTMENTS LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		SERGIO MAFFONGELL	I	
			Name of Person	
		WEEKLY FREEDOM IN	VESTMENTS LLC	
			Firm√Company	
		877 NW 97th AVE		
			Address	
		PLANTATION, FL 3332	4	
			City/State and Zip Code	
		I-ABAD@MSN.COM		
		E-mail address: (to be used for future annual report no	tification)
For fu	rther information c	concerning this matter, please c	all:	
SERG	IIO MAFFONGEI	LLI	954 815-1472 at ()	
	Name o	of Person	Area Code Daytis	me Telephone Number
Enclos	sed is a check for t	he following amount:		
≡ \$2	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	ss:	Street Address:	
	Registration S		Registration Section	
	Division of C	Corporations	Division of Co	
	P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISION-OF CORPORATION:

22 APR -5 PM 2: 58

WEEKLY FRI	EEDOM INVESTM	ENTS LLC		
(Name of the Lim	ted Liability Compa (A Florida Limited L	ny as it now appe liability Company	ars on our records.)	
The Articles of Organization for this Limited I Plorida document number L19000263506		were filed on _	10/21/2019	and assigned
This amendment is submitted to amend the fol-	lowing:			
A. If amending name, enter the new name o	of the limited liabi	lity company	here:	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company." the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)	N/A		
B. If amending the registered agent and/or agent and/or the new registered office addre		nddress on our	records, enter the	name of the new registe
Name of New Registered Agent:	GUSTAVO GA	RCIA		
New Registered Office Address:	N/A			
		Enter F	lorida street address	
			, Florid	la
		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

GUSTAVO GARCIA

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
		N/A	□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
-			□Add
			Remove
			□Add
			□Remove
			□ Change

	AMMENDING ARTICLES TO ADD A SECOND REGISTERED AGENT
E eco	ctive date, if other than the date of filing: (optional)
(If an o	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ment's effective date on the Department of State's records.
he reco	ord 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 filed.
Date	d 03/18/2022
	Signature of a member or autiforized representative of a member
	SERCIO MA FEONICELLI
	SERGIO MAFFONGÉLLI Typed or printed name of signee

Filing Fee: \$25.00