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## COVER LETTER

TO:	Registration Se Division of Cor			
	GUERNS	EY INVESTMENTS LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Joao Jung		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Bristol Business Manager	nent	
			Firm/Company	
		1110 Brickell Ave. Suite 7	703	
			Address	
		Miami FL 33131		
		jjung@bristolbmusa.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	lication)
For fur	ther information c	oncerning this matter, please co	all:	
Joan J	lung		786 4618137	
			at ()	
	Name o	f Person	Area Code Daytinx	: Telephone Number
Enclos	ed is a check for the	he following amount:		
<b>■</b> \$2	5.00 Filing Fee	S30.00 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	i <u>s:</u>	Street Address:	
	Registration !	Section	Registration Sec	
	Division of C	ornarations	Division of Cor	porations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED

## ARTICLES OF AMENDMENT TO

## 2021 DEC 17 AM 11: 27 ARTICLES OF ORGANIZATION SECRETARY OF STATE TALLAHASSES, FLORE

GUERNSEY INVESTMENTS LLC.		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears ( Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on	2/2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here	:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our rec	ords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	···	
	Enter Florida	street address
	City:	, Florida Ziv Code
New Registered Agent's Signature, if changing Registered Agent:	Ciù.	Z.p Code
l hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

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
DIRECTOR	Eduardo Ratinetz	701 Brickell Key Blvd. Apt. 512 Miami. FL. 33131	<b>⊟</b> Add
			□ Remove
			Change
	Joao Jung	701 Brickell Key Blvd. Apt.304. Miami. FL. 33131	🗆 Add
			= Remove
			[] Change
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		Nov/01/2				•	
te: If the date inser	er than the date of it, the date must be spec- ted in this block does ate on the Departme	s not meet the appli	cable statutory f	or more than 9 Iling require	(Optiona 0 days after filir ments, this da	i) ig.) Pursuant to 60 te will not be lis	5.020 ted a
ecord specifies a dela is filed.	nyed effective date, b	out not an effective	time, at /2:01 a.	m. on the ca	rlier of: (b)	The 90th day aft	er the
		11/01/202	n ()	\			
Miami, FL ted			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7/		_	
			orized representa	nive of a mem	ber	<u>-</u>	

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