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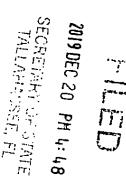
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

	Registration Sec Division of Corp				
SUBJEC	T: AHEI	Rian Wood Name of Lim	TNVEST ONE LLC ited Liability Company	·	
		name of this	ned Emonity Company		
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspon	dence concerning this matter	to the following:		
			Name of Person	· · · · ·	
			Firm/Company		
			Address		
			City/State and Zin Code		
City/State and Zip Code					
		E-mail address: (to be used for future annual report noti	fication)	
For furth	er information co	ncerning this matter, please ca	all:		
	Name of	Person	at () Area Code Davtim	e Telephone Number	
			•	•	
Enclosed	is a check for the	following amount:			
⊠ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
	-	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration Sec	ction		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN WOOD	1 Invest ONE LLC					
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)					
The Articles of Organization for this Limited Liabi Florida document number <u>2/90029222</u>	ility Company were filed on					
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable						
(Principal office address MUST BE A STREET A	State of the state					
	20 PR 10 PR					
Enter new mailing address, if applicable:	xo FA £					
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>					
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter the name of the new registered</u> lere:					
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
_	, Florida					
	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>	<u>Address</u>	Type of Action
AP	Carlos Vairon Telipe	2429 W 785T Halack, FL 3301	<u>6</u> □Add
			⊠ Remove
			□Change
			□Add
		TALLAHAS	Remove 20 Change
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