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## COVER LETTER

Registration Section Division of Corporations

Э:

ALBERT I	NVESTMENTS LLC		
	Name of Lin	nited Liability Company	
ne enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	ALBERTO DOMINGUEZ	Z MENENDEZ	
		Name of Person	
	ALBERT INVESTMENT		
		Firm/Company	
	12695 NW 8TH LN		
		Address	
	MIAMI FL 33182		
		City/State and Zip Code	
	admenendez84@gmail.com		
	E-mail address: (	to be used for future annual report no	utilication)
r further information c	concerning this matter, please c	all:	
LBERTO DOMINGU	EZ MENENDEZ	786 5534212 at ()	
Name c	f Person	Area Code Dayti	me Telephone Number
nclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 1 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALBERT INVESTMENTS LLC			<b>3</b>
( <u>Name of the Limited Liability Con</u> (A Florida Limit	apany as it now appears on ed Liability Company)	our records.)	100
W Contact Charles	ed Elability Company?		: 9
e Articles of Organization for this Limited Liability Compa	my were filed on 02/06/.	2020	and assigned
orida document number <u>L20000043561</u> .	·	-,1.	X 4 1
rida document number			المحتلف
is amendment is submitted to amend the following:			PH 1: 37
If amending name, enter the new name of the limited ii	ability company here:		
BERTO DOMINGUEZ LLC			
new name must be distinguishable and contain the words "Limited Lie	ability Company," the design	nation "LLC" or the abb	previation "L.L.C."
4			
ter new principal offices address, if applicable:	<del></del> -		
<u>incipal office address MUST BE A STREET ADDRESS)</u>			
ter new mailing address, if applicable:			
•			
ailing address MAY BE A POST OFFICE BOX)	<del>-</del>		
If amending the registered agent and/or registered office	ce address on our reco	rds, <u>enter the name</u>	e of the new registe
ent and/or the new registered office address here:			
Name of New Registered Agent:			
1000 411			
New Registered Office Address:	Enter Florida :	street address	
		, Florida	Zıp Code
	City		Zip Code
w Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		
creby accept the appointment as registered agent and a	gree to act in this cap	acity. I further agr	ree to comply with
ovisions of all statutes relative to the proper and comple			

cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ging filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

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etive date, if other than the date frective date is listed, the date must be in this block ment's effective date on the Depa	specific and cannot be does not meet the a	oplicable statutory	g or more than 90 da filing requirement	ys after filing.) Pursua	nt to 605,020 t be listed a
ord specifies a delayed effective da filed.	ate, but not an effecti	ve time, at 12:01	a.m. on the earlier	r of: (b) The 90th c	lay after the
AUGUST 7	2020	·			
	At	J			
Sig	nature of a member or	authorized represen	tative of a member		