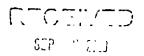
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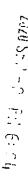
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OCT 16 2020

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:		VESTMENTS LLC	,	
SCOULC !.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		ARLEEN DAVILA		
			Name of Person	
		ADV ACCOUNTING & T	AX SERVICES, LLC	
		·	Firm/Company	<del></del>
		12701 S JOHN YOUNG P	KWY SUITE 215	
			Address	
		ORLANDO FL 32837		
			City/State and Zip Code	
		arleendavila@gmail.com		
		E-mail address: (	to be used for future annual report not	tification)
For further in	formation c	oncerning this matter, please ca	all:	
ARLEEN DA	AVILA		407 641-0810 at ( )	
	Name o	f Person		ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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)
Reg	ling Addres		Street Address: Registration Se Division of Co	
	. Box 632	-	The Centre of	-
Tall	lahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

[124 S.L.) - 2 F.) 6: 04 ROZ INVESTMENTS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/06/2020 and assigned Florida document number L20000044080 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8401 INTERNATIONAL DR Enter new principal offices address, if applicable: #30 (Principal office address MUST BE A STREET ADDRESS) ORLANDO FL 32819 4473 EMERSON PARK DR Enter new mailing address, if applicable: **APT 206** (Mailing address MAY BE A POST OFFICE BOX) ORLANDO FL 32839 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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 4.20 \$3 -0 6 6 5 64	Type of Action
MGR	MALDONADO DIAZ REINA	4473 EMERSON PARK DR	■Add
		APT 206	□Remove
		ORLANDO FL 32839	□Change
			□ Add
	•		□Remove
			□Change
		<del></del>	□Add
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			[] Change
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		<del></del>	□Remove

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Signature of a member or authorized representative of a member	Note: If the date inserted in this block occument's effective date on the Department specifies a delayed effective d is filed.  AUGUST 28TH	k does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.  date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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