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COVER LETTER

то:	Registration Sec Division of Corp			•		
SUBJE	ct: <u>Inv</u>	estor	Name	Abundance of Limited Liability Company	LLC	
The encl	osed Articles of A	Amendment	and fee(s) a	re submitted for filing.		
				natter to the following:		
			- iossy	e Gvernan Name of Person		
		Inv.	estar a	Abindance Firm/Company	uc/1	Real GUADE Investment
		3303	N g	akemen Dr Address	Tampa	, FL 多Apt 2:108
		Ta	mpa	FC 35	3618 ode	
				Abundane A liress: (to be used for future ann		
For furth	ner information co	oncerning th	is matter, pl	case call:		
Jos	SSVE GO Name of	7mgcr Person	<u> </u>	at (<mark>& 3</mark>) Area Code	956 - 27 Daytime Teleph	one Number
Enclosed	l is a check for th	e following	amount:			
₩ \$ 25.	00 Filing Fee	□ \$30.00 Certi) Filing Fee of Sta	& S55.00 Filing F tus Certified Copy (additional copy is		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S				Address: stration Section	
	Division of C		· c		sion of Co rn orati	one

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

Investor of Ab	undance LLC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number 85 - 088 7436	mpany were filed on 4/27/2020 and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
- Investor at Abundance	LLC"
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3303 N Calcule Dry
(Principal office address MUST BE A STREET ADDRE	3363 N Caleure Dr., SSI Apt 2408, Tampa FC 33618
	4
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: - 10	-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>	Address	Type of Action
AMBR	Jossue Guman	3303 N Cahwiew Dr	ÙAdd
		Apt 2408 Tampa	□Remove
		FL 33618	
			□Add
			□Remove
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ord specifies a defiled.	clayed effective date, but	not an effective time,	at 12:01 a.m. on	the earlier of: (b) The 90th day after t
d <u>5/6/</u>	2020				
					
~		of a member or authorize	d same and the of	a mombor	

Filing Fee: \$25.00