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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor		. •				
SUBJE	Core Four I:	nvestments	,				
()15/12/	Name of Limited Liability Company						
The enc	lacad Articlas of	Amendment and fee(s) are sub-	mitted for filing				
		ndence concerning this matter					
		Scott Alfano					
			Name of Person				
		Core Four Investments, LL	С				
		Firm/Company					
		379 Kapok Court					
		Address					
		Longwood, FL 32779					
		City/State and Zip Code					
		salfano.giss@gmail.com	to be used for future annual report notifi	cation)			
For furth	ner information co	oncerning this matter, please ca					
Cesar C			718 986,9063				
	Name of	f Person		Telephone Number			
Enclosed	I is a check for th	ne following amount:					
■ \$25.	00 Filing 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)			
	Mailing Addres Registration S		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

ompany as it now appears on our records, ited Liability Company))
pany were filed on 05/05/2020	and assigned
liability company here:	
Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
<u>S)</u>	
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	7/120 OCT
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	P11/2:
fice address on our records, <u>enter t</u>	he name of the new regis
Enter Florida street address	
, Floi	rida Zip Code
	Liability Company here: Liability Company," the designation "LLC" S) fice address on our records, enter t Enter Florida street address , Flo

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 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
AMBR	Scott Alfano	379 Kapok Court	= Add
		Longwood, FL 32779	
			□Change
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Note:	re date, if other than the date of filing: Only 2020 Only 2020 (optional) (optional) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
the recor	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	September 13th 2020
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Cesar Colon
	Typed or printed name of signee

Filing Fee: \$25.00