## 120000136654

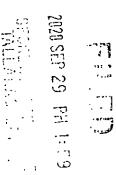
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

	Registration Sec Division of Corp					
SUBJEC	A&MIIII JI CT:	NVESTMENTS LLC				
SOMEC	-1.		nited Liability Company			
		amendment and fee(s) are sub	-			
r tease te	tum an correspon	MIRALDY SILVA	to the following.			
			Name of Person			
	_	MIRALDYS SERVICES	INC			
			Firm/Company			
		9560 NW 41ST ST				
			Address			
		DORAL FL 33178				
		ITSMAMAMASA@GMAI				
For furth	er information co	E-mail address: ( neerning this matter, please c	to be used for future annual report notifall:	ication)		
MIRALI	DY SILVA		786 200-9776		2020 SEP SEONL!	·:>#7
	Name of l	Person		Telephone Number	SEP 29	4444
Enclosed	is a check for the	following amount:				
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified		of Status & 📆	٠.٢٠٩
	Mailing Address:		Street Address:			

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

Α	&M	111	1	INV	FST	MENTS	11	۲,

(Name of the Limited Liability Company as it now appears on our records.)

(I same of the same	(A Florida Limited	Ciability Company)				
The Articles of Organization for this Limited L	iability Company	were filed on 05/20/2020 and assigned				
Florida document number L20000136654						
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here:				
The new name must be distinguishable and contain the v	words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applic	able:	9525 SW 181ST TERRANCE				
(Principal office address MUST BE A STREE		PALMETTO BAY				
		MIAMI - FLORIDA 33157				
Enter new mailing address, if applicable:		9560 NW 41ST ST				
(Mailing address MAY BE A POST OFFICE	BOX)	DORAL				
	·	FLORIDA 33178				
B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:	registered office a ss here: MIRALDY SIL	vA				
New Registered Office Address:	9560 NW 41ST	ST FINE T				
- Transfer of the second of th	*	Enter Florida street address				
	DORAL	, Florida 33178				
Name Descriptional Association Statements 15 1		City Zip Gotle				
New Registered Agent's Signature, if changing I						
provisions of all statutes relative to the propaction as reginate accept the obligations of my position as regin	er and complete stered agent as p registered office change.	ging Registered Agent, Algenture 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
AMBR	ANDREINA BONACIA	9525 SW 181ST TERRACE MIAMI FL 33157	
			Remove
			□Change
AMBR	ANDRES GAMBOA	9560 NW 41ST ST DORAL FL 3378	
			□Remove
			□ Change
		-	□Add
		<del>-</del>	□Remove
			□Change
			Change 2:
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						, ;	. 0
Note: If the date:	f other than the date s listed, the date must be sp inserted in this block d tive date on the Departs	oes not meet th	st be prior to date o se applicable sta	of filing or more tha	(option in 90 days after fil irements, this d	ing.) Pursuant to	605.0207 (3)(E isted as the
the record specifies a cord is filed.	a delayed effective date	, but not an eff	fective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day a	fter the
Dated September	15	. 202	0	f.,			
			1/0/000				
	Signa	ture of a member	r at authorized ru	presentative of a m	ember		
	Signa LDY SILVA	ture of a membe	r Arfauthorized re	presentative of a m	iember		