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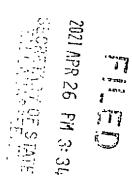


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COVER LETTER

TO: Registration S Division of Co			en e
	anciâl Investments LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Odisa Gonzalez		
		Name of Person	
	Odisa Gonzalez CPA, PA		. 20
		Firm/Company	32 7
	6251 NW 110th Terrace		2021 NPR 26 PM 3: 34
		Address	26 PM
	Hialeah, FL 33012		
		City/State and Zip Code	FL 34
	odiglez@gmail.com		; · ·
For further information	e-mail address: (concerning this matter, please c	to be used for future annual report no all:	illication)
Odisa Gonzalez		305 332-7118	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addre Registration		Street Address: Registration Se	ection
-	Corporations	Division of Co	
P.O. Box 63		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	se Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & J Financial Investments LLC				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our rec liability Company)	ords.)		
The Articles of Organization for this Limited Liability Company Florida document number L20000173388	were filed on June 22, 2020	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Alfaro Records LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "I			
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)		7 7 T		
Enter new mailing address, if applicable:		6 PM 3: 31		
(Mailing address MAY BE A POST OFFICE BOX)		175		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>en</u>	ter the name of the new register		
New Registered Office Address:	Enter Florida street address			
		P1		
	City ,	Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
	un to mat in this nanceites. I	I fouther arms to construct to		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties,	, and I am familiar with and		

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
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			□Remove
			Change
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Sective date, if other than the n effective date is listed, the date must te: If the date inserted in this blo	be specific and ea						
cument's effective date on the De			ore statutory	imig requiren	iems, tiis tate	will liot	, be listed a
ecord specifies a delayed effective is filed.	date, but not a	n effective tim	ne, at 12:01 a	m, on the earl	ier of: (b) Th	e 90th d	lay after th
ted April 08		2021		ı			
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		1					

Filing Fee: \$25.00