## L20000174782

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## **COVER LETTER**

TO:

Registration Section

Division of C	orporations		
SENABI	A INVESTMENTS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub		
Please return all corres	pondence concerning this matter	to the following:	
	Juan Albanes		
		Name of Person	
	SENABLA INVESTMEN	TTS, LLC	
		Firm/Company	
	24340 SW 113 Passage		
		Address	
	Homestead, FL 33032		
		City/State and Zip Code	
	juanalbanes25@gmail.com		
		(to be used for future annual report notifi	cation)
For further information	n concerning this matter, please of	call:	
Juan Albanes		305 725 4715	
Name	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed:	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	TO		
ARTICLES	OF ORGANIZA	ΓΙΟΝ	
	OF		and assigned
SENABLA INVESTMENTS, LLC			& (i)
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appear Limited Liability Company)	rs on our records.)	2 (
			بي
The Articles of Organization for this Limited Liability Co	mpany were filed on <u>Ju</u>	ne 23, 2020	and assigned
Florida document number 1.20000174782			_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	ere:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the c	lesignation "LLC" or the	abbreviation "L.L.C."
		J	
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADDRI	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del></del> ;
(maining dualess MAT DL AT OST OTTEL DOM)	<del></del> -		
			_
B. If amending the registered agent and/or registered	office address on our r	ecords enter the na	me of the new registered
agent and/or the new registered office address here:	office address on our r	ecords, enter the na	the of the new regimered
Name of New Registered Agent:			
New Registered Office Address:	Ent w Els	rida street address	<u> </u>
	i,mer r io	RRI MICEI CHAILESS	
		, Florida _	
	Ciņ <sup>,</sup>		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co- accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of ent as provided for in G	<sup>e</sup> my duties, and Lam Chapter 605, F.S. Oi	familiar with and r, if this document is
	If Changing Registered Ag	ent, Signature of New R	egistered 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
MGR	Madelaine Albanes	24342 SW 113 Passage, Homestead FL 33032	<b>≡</b> Add
			□Remove
			□ Change
			□Add
			Remove
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If an effective da Note: If the c	e. if other than the date of filing the is listed, the date must be specific at the inserted in this block does not fective date on the Department of	nd cannot be prior to dat meet the applicable:	statutory filing require	ments, this date will not	nt to 605.0207 ( be listed as t
	ies a delayed effective date, but no	ot an effective time.	t 12:01 a.m. on the ea	rlier of: (b) The 90th d	ay after the
rd is filed.	ι	- · 2020			
rd is filed.				_	
rd is filed.			representative of a men	ber	

Filing Fee: \$25.00