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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HISPANUSA INC Account Number : I20070000099 : (954)478-2706 Fax Number : (954)934-0334

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN METROPICA INVESTMENT #217 LLC

Certificate of Status	0
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Help

M. SOLOMON

FEB - 6 2023

COVER LETTER *

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TO: Registration Section Division of Corporations					
MET	OPICA INVESTMENT #217 LLC				
30BJ&C1:	Name of Limited Liability Company				
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.				
	respondence concerning this matter to the following:				
	JAIMEN J AYOVI COROZO				
	Name of Person				
	Firm/Company				
	8050 N UNIVERISTY DR STE 206				
	Address				
	TAMARAC, FL 3332)				
	City/State and Zip Code				
	wouellar 25@gmail com E-mail address: (to be used for future annual report notification)				
For further information	on concerning this matter, please call:				
JAIMEN J AYOVI	COROZO 305 971-6291				
N	me of Person Area Code Daytime Telephone Number				
Enclosed is a check	for the following amount:				
≅ \$ 25.00 Filing F	e \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
Division P.O. Box	on Section Registration Section of Corporations Division of Corporations				

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VV.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METROPICA INVESTMENT #			
(Name of the Li	nited Liability Comp (A Florida Limited	nny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited	Liability Company	were filed on 07/01/2020	and assigned
Florida document number L20000177048	 ,		_
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liab	pility company here:	
AYOVII7 INVESTMENTS LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable:	396 NE 212TH TER	
(Principal office address MUST BE A STRE		MIAMI, FL 33179	
Enter new mailing address, if applicable:		396 NE 212TH TER	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33179	
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:	<u>ess here</u> :	address on our records, OVI COROZO	enter the name of the new regist
-	396 NE 212TH	TED	··········
New Registered Office Address:	370 110 21211)	Enter Florida street	address
	MIAMI		, Florida 33179
		CIN	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

A MEN CONTROL WANTER OF LAST TON

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	JAIMEN J AYOVI COROZO	396 NE 212TH TER	
		MIAMI, FL 33179	□Remove
			≅ Change
MGR	EDGAR HERNANDO VEGA	396 NE 212TH TER	≅ Add
		MJAMI, FL 33179	□Remove
			Change
MGR	FRANK A GALLARDO ARAUJO	396 NE 212TH TER	≅Add.
		MIAMI, FL 33 179	□Remove [
			☐ Change
			□ Add ► ··
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Signature of a member or authorized representative of a member			Sign	ature of a men	nber or author	ized represent	tive of a mem	ber		
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