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CHBICCT		STGMENTS, LLC name corre	etion			
SUBJECT	:	Name of Lim	ited Liability Company			
	•					
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		Rodolfo A Rojas Pineda				
			Name of Person			
		Go8 Investgments, LLC				
			Firm/Company	 		
		2540 Greenwillow Dr				
			Address			
	Orlando, FL 32825					
	Orlando, FL 32825 City/State and Zip Code					
		theoneautolink@gmail.com				
			to be used for future annual report no	otification)		
For further	information c	oncerning this matter, please c	3ll;			
Rođolfo A	Rojas Pineda		407 9904252 at ()			
	Name o	f Person		ime Telephone Number		
Enclosed is	s a check for tl	he 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)		
	Tailing Addres		Street Address: Registration S	Section		
Division of Corporations		Division of Co	Division of Corporations			
	.O. Box 632 allahassee, l		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GO8 INVESTGMENTS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{7/20/2020}{1}$ Florida document number $\frac{1.20000211605}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Go8 Investments, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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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an effective date is listed ote: If the date inser-	, the date must be specific and ed in this block does not n	l cannot be prior to date neet the applicable st	of filing or more than 90 atutory filing requiren	days after filing.) Pursua sents, this date will no	nt to 605.0207 (it be listed as t
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record specifies a dela Lis filed.	iyed effective date, but not	an effective time, at	12:01 a.m. on the earl	ier of: (b) The 90th	day after the
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ated April 28	$\langle \ \rangle \langle \ \rangle$	2022			
anta		//			
	/ M. A	M			

Typed or printed name of signee