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COVER LETTER

	Registration Se Division of Cor			
011B 1E 0		ANO MANAGER LLC		
SUBJEC	T:	Name of Limi	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	tum all correspo	indence concerning this matter	to the following:	
		Gabriel Amiel		
			Name of Person	
		FL POMPANO MANAGE	ER LLC	
			Firm/Company	·
		20900 NE 30TH AVE, SU	TTE 914	
			Address	·
		AVENTURA, FL, 33180		
			City/State and Zip Code	
		GA@INVESTCAPITAL.U		and the second second
			to be used for future annual repu	п пописанов)
For furth	er information c	oncerning this matter, please co	all:	
Gabriel .	Amiel		305 60254. at ()	54
	Name o	f Person	Area Code I	Daytime Telephone Number
Enclosed	is a check for th	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.)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF SUM CHANGE OF SUM C

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		21 0011 23 111 2 2
FL POMPANO MANAGER LLC		
	ompany as it now appears on our mitted Liability Company)	records.)
(A Florida Lin	ппед Барицу Сотрапу)	
The Articles of Organization for this Limited Liability Com	pany were filed on 09/01/2020	and assigned
Florida document number L20000271883		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(2)	
Trincipal office data con moon may more more management		
Enter new mailing address, if applicable:		
· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of	ffice address on our records, o	enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Navy Booistaned Office Address		
New Registered Office Address:	Enter Florida street	address
		. Florida
	City	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.

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	INVEST CAPITAL GROUP LLC	20900 NE 30TH AVE STE 914	□Add
		AVENTURA, FL 33180	≣Remove
			□Change
MBR INVEST CAPITAL GROUP LLC	INVEST CAPITAL GROUP LLC	20900 NE 30TH AVE STE 914	■ Add
		AVENTURA, FL 33180	□Remove
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			□Remove
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). If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective on Note: If the	ate, if other than the date of filing: (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
the record spececord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 16TH	I JUNE 2021
_	Signature of a member or authorized representative of a member
11	NVEST CAPITAL GROUP LLC
_	Typed or printed name of signee

Filing Fee: \$25.00