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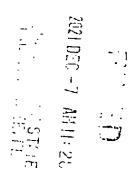
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COVER LETTER

Division of Cor		. 1	
SUBJECT:	Sed INVES Name of Limit	then 5 12 ited Liability Company	<u>C</u>
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Custavo (Deed Inv	Stments LLC Firm/Company	, <u>Veira</u>
	8215 Sn	172ND AVG A	PT 1207
	Mi AM i Gistavos G Email address	City/State and Zip Code City/State and Zip Code Code Cod	poil-eum
For further information co	oncerning this matter, please ça	9	
Custavo 6	Orbia de Wire Person	7/10 at (<u>786</u>) <u>II 6 - 5</u> Area Code Daytime	5559 Telephone Number
Enclosed is a check for th	e 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 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deed Investments L	1C 2671	nen -7 AHTH: 28
Dec d Investments L (Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on ou Liability Company)	r records.)
(A Florida Limited) The Articles of Organization for this Limited Liability Company Florida document number <u>L_20000282708</u> .	were filed on <u>OG . Y</u>	0:2000 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	<u>NGN [†]S LLC</u> lity Company." the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<i>←</i>	172ND AVE
(Principal office address MUST BE A STREET ADDRESS)	- I	1207
	<u>Minmi</u> F	L 33143
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stred	et vyldrass
	15uvt Fibriad Sirve	
	City	, Florida 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

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
MGR	Warcos Teixeira	109 SELLTH AVE APT	5 XAdd
		109 Se LITH AVE APT Pompano Beach 33069	□Remove
			□ Change
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f an eff <mark>Note:</mark>	ve date, if other than the date of filing: 12.19.20.1 (optional) retive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as reent's effective date on the Department of State's records.
e recor rd is ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	MiaMi 11.18 . 2021.
	Cost Avo Garlin de Oliveiro Signature of a member or authorized representative of a member
	Typed or printed name of signee