L20 000 303450

(Requestor's Name)
(Address)
(Address)
(0), (0), (7)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Glatus
Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration Se Division of Cor			
			VVESTMENTS LLC	•
SUBJI	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Anthony Morales		
			Name of Person	
		MyUSACorporation.com		
			Firm/Company	
		1 Radisson Plaza, Suite 80	0	
			Address	
		New Rochelle, NY, 10801		
			City/State and Zip Code	
		info@myusacorporation.co	m to be used for future annual report notific	
For fur	ther information co	oncerning this matter, please ea		cation)
	Anthony	Morales	877 3302677	
Name of Person		Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		<u>Street Address:</u> Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAUDAJ INVESTN				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on	our records.)		
tv i toring Entitled I	siability Company)			
The Articles of Organization for this Limited Liability Company	were filed on	09/25/2020	and assigned	
Florida document numberL20000303950				
Pionaa document number				
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the limited liabi	ility company here:			
and the same of the mante of the minica had	inty company here.			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company " the deciar	nation "LLC" or the abb	mulation "L.1.C."	
g-p-s-to-to-to-to-to-to-to-to-to-to-to-to-to-			ecvinion b.b.c.	
Enter new principal offices address, if applicable:	15390 SW 20 ST, M	11AMI, FL 33185		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	15390 SW 20 ST, M	IIAMI, FL 33185		
· · ·				
(Mailing address MAY BE A POST OFFICE BOX)				_
B. If amonding the registered court and/ou series and office				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	aaress on our recor	ds, <u>enter the name</u>	of the new regis	stered
None of New Positored A cont				
Name of New Registered Agent:				_
New Registered Office Address:			921	
	Enter Florida si	reet address	2021 FE3	_ ,
		, Florida	٠, ٥	
	City		Zip Code	- ,
New Registered Agent's Signature, if changing Registered Agent;				• t
I hereby accept the appointment as registered agent and agre	a to got in this same	aite I femthau		المحسد" معامعة
provisions of all statutes relative to the proper and complete p	e to act in this capa performance of my a	cuy. 1 juriner agre duties, and I am foi	e to comply will miliar with and	n ine
accept the obligations of my position as registered agent as pi	rovided for in Chap	ter 605, F.S. Or, if	this document i	is
being filed to merely reflect a change in the registered office of	address, I hereby co	nfirm that the limi	ted 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 = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□ Add
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		-	□Add
			□Remove

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			<u> </u>
Tective	date, if other than the date of filir	:	(optional)
ın effectiv	e date is listed, the date must be specific an	cannot be prior to date of filing or more than 90	days after filing.) Pursuant to 605.020
<u>)te: </u>	ie date inserted in this block does not it seffective date on the Department of	neet the applicable statutory filing requirer tate's records.	ments, this date will not be listed a
		3.440143.	
record sp is filed.	ecifies a delayed effective date, but no	an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
12 THEO.		A	ΛΛ
	22th day of January	2021	$\Lambda \Lambda \Pi \Pi \Pi$
		2021	11 11 1 1 1 1 1
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		nember or authorized representation of a fresh	

Filing Fee: \$25.00