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COVER LETTER

TO:

TO: Registration S Division of Co				
	BERMUDEZ INVESTMENTS	LLC ·	n	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
	INCFILE.COM LLC	Name of Limited Liability Company If fee(s) are submitted for filing. Ing this matter to the following: DOBSON Name of Person OM LLC Firm/Company TE HWY 249 STE 220 Address TX 77064 City/State and Zip Code E-mail address: (to be used for future annual report notification) natter, please call: 1888 462-3453 at (
		Firm/Company		
	17350 STATE HWY 249	STE 220		
		Address		
	HOUSTON, TX 77064 City/State and Zip Code			
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
LOVETTE DOBSON		, , , , , , , , , , , , , , , , , , , ,	_	
Name	of Person		e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Registration Se Division of Cor The Centre of T 2415 N. Monro	porations Tallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTMENTS LLC	
pany as it now appears on our records.) d Liability Company)	
ny were filed on	and assigned
bility company here:	
bility Company," the designation "LLC" or the	abbreviation "L.L.C."
	
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e address on our records, enter the na	me of the new regist
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	()
Enter Florida street address	
, Florida _	Zip Code
	pany as it now appears on our records.) d Liability Company) ny were filed on 10/09/2020 ability company here: bility Company," the designation "LLC" or the

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 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>	<u>Address</u>	Type of Action
AMBR	Carolina Bermudez	6691 Nw 89th Ave	□Add
		Tamarac, FL 33321	■Remove
			□Change
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. If amending any other inforn	ation, enter change(s)	here: (Attach addi	tional sheets, if nece:	ssary.)
				
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be p block does not meet the ap	plicable statutory fil	(optio more than 90 days after t ing requirements, this	iling.) Pursuant to 605.0207 (3
he record specifies a delayed effectord is filed.	ive date, but not an effecti	ve time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
Dated JANUARY 20	, 2021	·		
Abjandso	Signature of a member or a	authorized representati	ve of a member	<u> </u>
Alejandro Gomez				
	Typed or r	printed name of signee		