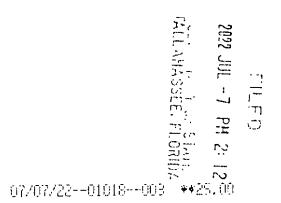
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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OCT 4 2022 S. PRATHER

## **COVER LETTER**

TO:

	Registration 5 Division of Co			
SHRIF	YEIRAS I	INVESTMENTS LLC		
30113150	- '	Name of Lin	nited Liability Company	·
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Yeiras J Pena		
			Name of Person	
			Firm/Company	<del></del>
		175 SW 7th St, Ste 1906		
		Miami/F1 33130	Address	
For furthe	er information	germanrojas01@yahoo.con E-mail address: ( concerning this matter, please c	to be used for future annual report no	otification)
Yeiras J			954 3255587	
Name of Person		at () Area Code Dayti	me Telephone Number	
Enclosed	is a check for t	the following amount:		
<b>■</b> \$25.0	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 Addre Registration Division of C P.O. Box 631 Fallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YEIRAS INVESTMENTS LLC		2022
( <u>N</u> ame of the Limited Liz (A Flo	ability Company as it now appears on our records orida Limited Liability Company)	25 JUL 27 JUL 3
The Articles of Organization for this Limited Liabilit	ty Company were filed on 10/28/2020	gand assigned in
Florida document number L20000332431		PH PH
This amendment is submitted to amend the following	<u>r</u> .	2: 12 LORIDA
A. If amending name, enter the new name of the	limited 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:		<u></u>
(Principal office address MUST BE A STREET AL	DDRESS)	<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D 16 11 11 11 11 11 11 11 11 11 11 11 11		
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter t</u> re:	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida street address	
		rida
	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.

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	Yeiras J Pena	175 SW 7th Street, Ste 1906	
		Miami/FI 33130	□Remove
			□Add
			□Remove
	<del></del>		□Add
			Remove
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			🗀 Add
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