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COVER LETTER

Naples Con	do Invest LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joel A. Threlkeld, Esq.		
		Name of Person	
	Threlkeld Law, P.A.		
	-	Firm/Company	
	3003 Tamiami Trail N., Su	nite 200	
		Address	
	Naples, Florida 34103		
		City/State and Zip Code	
	joel@napleslegal.net		
		to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
Joel A. Threlkeld, Esq.		239 234-5034	
Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	■ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	.•

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

TO:

Registration Section Division of Corporations

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

Naples Condo Invest LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our re Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C	ompany were filed on 12/9/2020	and assigned
Florida document number L20000384856		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>e</u>	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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.

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	Del Castillo, Rodrigo P.	15275 Collier Blvd. #201/269	
		Naples, F1. 34119	■Remove
			□Change
MGR	Villazon, Fabiola Del Rosario	15275 Collier Blvd., #201/269	
	Villazon, Fabiola Del Rosario 15275 Collier Blvd., #201/269 Naples, FL 34119	□Remove	
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ective date, if	other than the da- listed, the date must be	te of filing:	he prior to date.	af filing or more t	han 90 days after f	nal) ilino) Pursuant to 605	กวก
te: If the date i	inserted in this block	does not meet the	e applicable sta				
ument's effect	ive date on the Depar	tment of State's i	records.				
cord specifies a s filed.	a delayed effective da	te, but not an effe	ective time, at	12:01 a.m. on ti	ne earlier of: (b)	The 90th day after	
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Filing Fee: \$25.00