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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D.,	-i E-Aib. No.	
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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21 [10] 14 | FH 3: 20

T. MATTHEWS
DEC 2 2 2021

COVER LETTER

SUBJECT: Lover	Name of Lin	mi Investme	ent, L1-C
The enclosed Articles of Amen	dment and fee(s) are sub	omitted for filing.	
Please return all correspondenc	e concerning this matter	to the following:	
_		•	loseph Locharian
		Firm/Company	
	2100 8	eral wag su	VITE 404
_	MAM	City/State and Zip Code	·
	E-mail address:	(to be used for future annual report notifi	ication)
For further information concerr	ing this matter, please o	call:	
Jorne Val Name of Perso	erreia_	at (301) 96T Area Code Daytime	Telephone Number
Enclosed is a check for the follo	owing amount:		
	\$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:		Street Address:	

Registration Section

Division of Corporations

TO:

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

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 21 [7] 14 11 3: 20

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/07/2071}{10000000000000000000000000000000000$
This amendment is submitted to amend the following:
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 "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
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 Sew 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

Title	Name	Address	Type of Action
MGR	<u>Seyen M. Mognani</u>	2100 boral way, suite40	1 □AUU
		MIAMI, FLUOIDA 33/45	_ Memore
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an effective <u>Vote:</u> If th	date, if other than the date of filing: 12/6/202 (optional) e 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 (3) are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
record spo I is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	12/6/2021 Orth Wollatian Signature of a member or authorized representative of a member
ated	
ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00