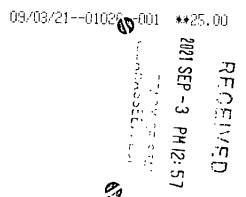
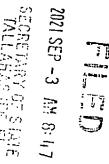


(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	









FLORIDA, CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:____

	(OFFICE USE ONLY)
Corporation Name & Document Number, (if kn	own):
XRP Investments, LLC L21000037270	
(Business Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of ARTICLES OF ORGANI	ZATION
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	X Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication Other	Dissolution/Withdrawal Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTIL () Other	
Country	

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

	-	(OFFICE USE ONLY)
Corporation Name & Docum		,
XRP Investments, LLC	L21000037270	
— (Business Name)		Document #
Walk in		Pick up time
Mail out		Will wait
Photocopy		
Certified Copy of ARTIC	CLES OF ORGANIZ	ZATION
Certificate of Status		
NEW FILINGS		<u>AMMENDMENTS</u>
Profit		X_Amendment
Not for Profit		Resignation of R.A. Officer/Director
Limited Liability Domestication		Change of Registered Agent Dissolution/Withdrawal
Other		Merger
CORP		Conversion
OTHER FILINGS		REGISTERATION/QUALIFICATIONS
Annual Report		Foreign filing
5 1		Limited Partnership
Fictitious Name		Reinstatement
APOSTIL ()	Other	
Country		

COVER LETTER

TO: Registration Sec Division of Corp			
eun irze.	VRPT	estmentalla	
SUBJECT:	Name of Limi	estmentalLa ted Liability Company	
	mendment and fee(s) are subsidence concerning this matter		
	Andr	ea Ganden, E.S.	?
	The E	Lias Law Firm Pl	4.
	5 5 00	Vew Barn Road, 5	cuita 104
	Mianni La	Kes FLorida 33 c	014
	A Villa de E-mail address: (1	o be used for future annual report notific	ration)
For further information co	ncerning this matter, please ea	ill:	
Andrea Gio.	Nden ESP.	at (<u>305</u>) <u>403 – 6</u> Area Code Daytime 1	OO SZ Telephone Number
Enclosed is a check for the	e following amount:		
区S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(2) \$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 Registration S	ection	Street Address: Registration Sect Division of Corpo	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, 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

Name of the Limited Liability Compan	LLC ny as it now appears on our records.)	
(A Florida Limited Li	ciability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 2/000 37270</u> .	were filed on January 19, 2021 and assigned	
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limited liabil	ACR. SE	<u> </u>
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the abbreviation "L.L.C"	•
Enter new principal offices address, if applicable:	- 1	3
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>] —
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)	N/H	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	address on our records, enter the name of the new regi	<u>stered</u>
Name of New Registered Agent:	NIA	
New Registered Office Address:	N/A Enter Florida street address	_
	, Florida	
	, Florida City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document	1

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
<u>MGR</u>	Jorge Felix Rodriguez	16740 5W74# Avenue Palmetto Bay, FL 33157	(X∕Add
			□Remove
			Change
MGR	Norys Diaz Rodriguez	16740 3W 74 # Avanue Palme Ho Bay, FL 33157	⊠ Add
		TAL	Change Control of the
		<u></u>	Remove
			Change
			C) Add
			□Remove
			□Add
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			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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on affective data is liste	d, the date mus	be specific and	d cannot b	e prior to d	ate of filir	g ar more tl	ıan 90 days	after filing	.) Pur	suant to t	605.020
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Filing Fee: \$25.00