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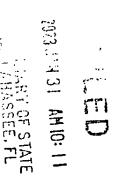
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R. HUNT 01/31/23

## **COVER LETTER**

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	legistration So Division of Cor						
empres		RE INVEST REALTY LLC					
SUBJECT	l <b>:</b>	Name of Lin	nited Liability Company		-		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retu	ırn all correspo	ondence concerning this matter	to the following:				
		JOSE VEGA					
			Name of Person		_		
		SIGNATURE INVEST R	EALTY LLC		75.7	. E.B.	
			Firm/Company			غفا	
		3801 AVALON PARK E	BLVD SUITE 230B		HASS	31-	
		<del> </del>	Address			AM 10: 11	
	ORLANDO, FL 32828						-C-3
		·	City/State and Zip Code		1''		
		JOSE@SIGNATUREINVI	ESTREALTY.COM				
		E-mail address:	to be used for future annual rep	ort notification)	-		
For further	r information c	oncerning this matter, please of	all:				
JOSE L. V	/EGA		407 591-6	500			
	Name o	ıf Person	at () Area Code	Daytime Telephone Numb	er Der	<del>-</del>	
Enclosed i	s a check for th	he following amount:					
■ \$25.00	O Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certific	cate of S ed Copy	Status &	
R	<u>lailing Addres</u> Legistration (	Section	_	on Section			
	2.O. Box 632	Corporations 27		of Corporations re of Tallahassee			
	'allahassee			Aonroe Street, Suite	810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGNATURE INVEST REALTY LLC

(A Florida Limited Lim	ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on <u>02/04/2021</u>	and assigned
Florida document number L21000062102		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
JOSE L. VEGA LLC	·	1543
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	Fig.	
(Principal office address MUST BE A STREET ADDRESS)	子為	ω 71+
,	SS	P [7]
	mo mo	
F	, FIA	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the name	of the new registered
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City , 1 101102	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am for rovided for in Chapter 605, F.S. Or, i	miliar with and f this document is

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

1

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date,	if other tha	n the date o	f filing: _				(optio	onal)		
If an effective date Note: If the dat document's effe	e inserted in	this block doe	es not meet	the applical	ole statutory	filing require	o days after ments, this	date wil	I not be	listed as
document 5 erre	enve date on	the Departure	on or state	s records.						
e record specific rd is filed.	s a delayed e	ffective date,	but not an e	effective tim	e, at 12:01 a	ı.m. on the ea	rlier of: (b	) The 9	0th day a	ifter the
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Filing Fee: \$25.00

Typed or printed name of signee