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COVER LETTER

TO:

	egistration Sec division of Corp				
etib teza		A INVESTMENT, LLC			
SUBJECT	ı:	Name of Lim	ited Liability Company		
The enclos	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
		Sarkis K. Damirdji			
			Name of Person		
		Shantica Investments, LLC			
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		4471 NW 36th ST Suite 2-	49		
		<u> </u>	Address	. 	
		Miami Springs Fl. 33166			
			City/State and Zip Code		
		sarkis@ezcomputech.com			
		E-mail address: (to be used for future annual report not	ification)	
For furthe	r information c	oncerning this matter, please c	all:		
Sarkis K.	Damirdji		305 7137400 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed i	is a check for th	ne following amount:			
■ \$25.0	0 Filing Fee	S30.00 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)	
	dailing Addres		Street Address:	vetion	
Registration Section Division of Corporations		Registration Se Division of Co			
	P.O. Box 632		The Centre of	Fallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHANTICA INVESTMENT, LLC				
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited L. Florida document number. L21000068224	iability Company	were filed on Feb 9th 2021	and assigned	
	owing:			
This amendment is submitted to amend the foll	owing.			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
SHANTICA INVESTMENTS, LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applic	cable:	4471 NW 36th ST Suite 249		
Principal office address MUST BE A STREE	ET ADDRESS)	Miami Springs Fl. 33166	<u> </u>	
Enter new mailing address, if applicable:		4471 NW 36th ST Suite 249		
Mailing address MAY BE A POST OFFICE BOX)		Miami Springs FI, 33166		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a ss here:	address on our records, <u>enter the nan</u>	ne of the new regist	
Name of New Registered Agent:	Sarkis K. Damirdji			
New Registered Office Address:	4471 NW 36th	ST Suite 249		
new regimered <u>variety</u> radiess.		Emer Florida street address		
	Miami Springs	. Florida _3.	ည 3166 ^{ည်}	
		Cin-	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>	Name	<u>Address</u>	Type of Action
MGR	Sarkis K. Damirdji	4471 NW 36th ST Suite 249	□Add
		Miami Springs Fl, 33166	_
		•	\ \ \
			🗆 Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	
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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	ted March 22nd	20			
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member		(N)			
			Signature of a memb	er or authorized represen	tative of a member	

Filing Fee: \$25.00