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COVER LETTER

TO: Registration Sec Division of Corp			
	RCIAL INVESTMENT LLC	•	1
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Fatima Luzuriaga		
		Name of Person	1
	FL COMMERCIAL INVE	STMENT LLC	
		Firm/Company	
	2030 S Pine Ave		
		Address	
	Ocala, Fl 34471		
		City/State and Zip Code	
	paula@pctaxsolutions.com	to be used for future annual report notit	ication)
	oncerning this matter, please ca		
	oncerning this matter, preuse en		
Fatima Luzuriaga		at ()	e Telephone Number
Name o	f Person	Area Code Daytime	e rejepnone ivanioci
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$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 Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer	re filed on 03/04/2021	and assigned
Florida document number L21000105966		
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 C	Company," the designation "LLC" or the ab	breviation "L.L.C."
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 add agent and/or the new registered office address here:	ress on our records, <u>enter the nam</u>	e of the new regi
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		= :
	Enter Florida street address	3: 15
 -	, Florida	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 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
AMBR	Webster Luzuriaga	2030 S Pine Ave	\ _Add
		Ocala, Fl 34471	Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			Change
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			□Remove
			Change
			□Add
			Remove
			Change.

(If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the		
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Signature of a member or authorized representative of a member		Fatime Wzuriaga
FATIMA LUZURIAGA		Signature of a member or authorized representative of a member
		FATIMA LUZURIAGA