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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
	J. HORNE	
	MAY 2 5 2022	
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SECRETARY OF S

	5050 1411 1	NO CENTE LLO	p.	•
SUBJECT:	5052 MILA	NO STREET, LLC		
		Name of Lim	ited Liability Company	
			to 16 60	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Fabiola Leiva		
		<u></u>	Name of Person	
			Firm/Company	
		5258 Golden Gate Pwky O	ffice 110	
			Address	
		NAPLES, FL 34116		
			City/State and Zip Code	
		fabiolaleiva@fade.cl		
		E-mail address: (	to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please ca	all:	
Fabiola Leiv	⁄a		239 703-4143 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
≣ \$25.00 E	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)
	iling Addres		Street Address: Registration Se	ection
	-	Corporations	Division of Co	
	D. Box 632		The Centre of	
i a	llahassee, l	rl 34314	2415 N. MORR	pe Street, Suite 810

Tallahassee, FL 32303

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Registration Section

Division of Corporations

TO:

## ARTICLES OF ORGANIZATION OF

JOSE MILANO STREET, LEC			レジーマ
(Name of the Lim	ited Liability Compa	ny as it now appears on our records.) Liability Company)	777
	(A. Fortal Diffice	Diability Company)	SSE OF THE
he Articles of Organization for this Limited I	Liability Company	were filed on 03/08/2021	and assigned
lorida document number L21000109163	·	e transition we	
his amendment is submitted to amend the fol	llowing:		· <del>-</del>
. If amending name, enter the new name	of the limited liab	ility company here:	
Fade Investments LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Inter new principal offices address, if appli	inable.		
		5258 Golden Gate Pwky Office 110	
Principal office address MUST BE A STRE	ET ADDRESS)	Naples FL 34116	
		- 1 /	<del></del>
		met !	
nter new mailing address, if applicable:		· _ · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE	E BOX)		
. If amending the registered agent and/or	registered office a	address on our records, enter the	name of the new registers
gent and/or the new registered office addre	ess bere:	·	!
		•	
Name of New Registered Agent:	Fabiola Leiva		
New Registered Office Address:	1258 Golden Ga	ate Pwky Office 110	jt '
i to w i tografici da Office Additess.			
New Registered Office Address.	<del></del>	Enter Florida street address	
New Registered Office Address.	Naples	Enter Florida street address Florids	34116

New Registered Agent's Signature, if changing Registered Agent:

COCO MILANO CEDERET LLO

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

	1	•	

MGR = Manager	144	, , , , ,	4 1	3 . 3 . 46 . 46 . 4	1 (11) V
AMBR = Authorized Member					

and the second of the second

<u>Title</u>	Name	Address	Type of Action
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	Dated	. ( $ u$
Signature of a member or authorized representative of a member		· · · · · · · · · · · · · · · · · · ·
Signature of a member or authorized representative of a member		
		Signature of a member or authorized representative of a member

Typed or printed name of signee