LZ1000160567

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COVER LETTER

TO: Registration Se Division of Cor			₩	
OUBLEON	NVESTMENTS LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Edgardo Garcia			
		Name of Person		
	Fergon Investments LLC			
		Firm/Company		
	5600 SW 135th Ave Suite	200D		
		Address		
	Miami, FL 33183			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City/State and Zip Code	• •	C)
	lorena_semeniuk@hotmail.		· · · · · · · · · · · · · · · · · · ·	
	E-mail address: (to be used for future annual report noti	fication)	7021 P.AY
For further information of	oncerning this matter, please ca	all:		
Edgardo Garcia		786 953-6955 at ()		28 .17
Name o	of Person	Area Code Daytim	e Telephone Number	^ #: 21 ₁
Enclosed is a check for t	he following amount:			2կ
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional cop	of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

FERGON INVESTMENTS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/07/2021}{1}$ and assigned Florida document number L21000160567 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 Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida __

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.

City

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	Lorena Semeniuk	5600 SW 135th Ave Suite 200D Miami, FL 33183	□Add
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<u>etc:</u> If the date inserted in this block does not meet the a	ipplicable :	statutory fi	r more toan 90 ling requiren	cays aner illir ients, this da	ig.) Pursu te will no	ant to 605.020 of be listed a
cument's effective date on the Department of State's rec	cords.					
and a control of the state of t	·· • · ·	. 12.01	.1			
ecord specifies a delayed effective date, but not an effect is filed.	nve ume, a	it i Z:U i a.r	n. on the ear	ier of: (b)	The 90th	day after th
May 18th 2021	<u> </u>					
/			· - x			
Signature of a member or	authorized	representat	ive of a memb	cr		