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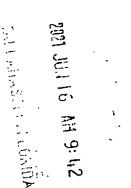
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COVER LETTER

Division of Corporations Taveras Property Investments LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sonia Becerra Name of Person Swyft Filings Firm/Company 3 Greenway Plaza #1320 Address Houston, TX 77046 City/State and Zip Code filings@swyftfilings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Becerra Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, **№** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address:

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

Registration Section

TO:

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

<u>-</u>	y Investments LLC			
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	04/12/2021	and assign	ed
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
he new name must be distinguishable and contain the words "Limited"			JULU 4 1210 1 212. U	 -
Enter new principal offices address, if applicable:	1840 14th	Ave NE		
Principal office address MUST BE A STREET ADDRESS)	Naples, FI	. 34120		
			202	
Enter new mailing address, if applicable:	1840 14th	Ave NE		· ·
Mailing address MAY BE A POST OFFICE BOX)	Naples, FI	. 34120	59 <u>16</u>	
			<u> </u>	
3. If amending the registered agent and/or registered office a egent and/or the new registered office address here:	ddress on our recor	ds, <u>enter the nan</u>	ne of the few re	- egiștere
Name of New Registered Agent:	CAITLIN MAU	J RI		
New Registered Office Address:	1840 14th Ave NE			
New Registered Office Address.	Enter Florida st	reet address		
	Naples	, Florida	34120	
	City		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>	<u>Name</u>	Address	Type of Action
AMBR	JODI MARTURANO	1840 14th Ave NE	
		Naples, FL 34120	Remove
			\times Change
AMBR	OMAR TAVERAS	1840 14th Ave NE	□Add
		Naples, FL 34120	□Remove
			X Change
			Add · · ·
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			Change
			
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _ (optional) (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)(b) 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. If 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 record is filed. 2021 Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee