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COVER LETTER

	gistration Sec ision of Corp			
SUDIECT.	22604 Inves	tments, LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	o the following:	
		Juan Figueredo		
			Name of Person	
		22604 Investments, LLC		
			Firm/Company	
		15320 Casey Rd		
			Address	
		Tampa, Florida 33624		
			City/State and Zip Code	
		jcfigueredo18@gmail.com		
		E-mail address: (to	o be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please ca	II:	
Juan Figuero	edo		813 8410279 at ()	
	Name of	Person		ne Telephone Number
Enclosed is a	a check for the	e following amount:		
□ \$25.00 I	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 Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22604 Investments, LLC		
(Name of the Limited Li (A.F.)	ability Company as it now appears on our records.) orida Limited Liability Company)	
Γhe Articles of Organization for this Limited Liabili	ity Company were filed on 04/14/2021	and assigned
Florida document number L21000174236		
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
9507 Investments, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A		
Timelya. Office address Mode DE AGINEE! Al	DONESSY	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE ΒΟΣ	<u> </u>	
3. If amending the registered agent and/or regist	tered office address on our records, <u>enter th</u>	e name of the new registere
agent and/or the new registered office address he		
Name of New Registered Agent:		
N D '		
New Registered Office Address:	Enter Florida street address	
_	Flori	ida Zip Code
	Cit	гир с оае

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
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			□Remove
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document					. 12.01			
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e record s rd is filed.	•	ed effective date.			t 12:01 a.m. or	the earlier of	: (b) The 90t	h day after the
e record s d is filed.	•	Ju	· 202	!! 	representative of		(b) The 90t	h day after the