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COVER LETTER

AFLP INVESTMENTS LLC 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: Albert Ferreira Name of Person Firm/Company 727 Marsh Reed Dr Address Winter Garden / FL / 34787 City/State and Zip Code betous allo@hotmail.com E-mail address: (to be used for future unnual report notification) For further information concerning this matter, please call: Albert Ferreira Albert Ferreira 407 668-7189 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certified Copy (additional copy is enclosed)	то:		stration Secti sion of Corpo				
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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

AFLP INVESTMENTS LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) .imited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on 04/15/2021	and assigned
Florida document number L21000176491	<u>.</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the na	me of the new registered
agent and/or the new registered office address here.		N -
Name of New Registered Agent:		> .7
The state of the s		
New Registered Office Address:	Enter Florida street address	
	Emer Provide Sweet address	1.
	, Florida _	Zip Code
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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>	Name	Address	Type of Action
AMBR	Carlos Alberto Ferreira	727 Marsh Reed Dr	□Add
		WINTER GARDEN, FL 34787	■Remove
		727 Marsh Reed Dт	□Change
AMBR	Albert Ferreira	WINTER GARDEN, FL 34787	
			□Remove
			□Change
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Filing Fee: \$25.00