L21000176491

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2021 SEP-3 AM 5: 01
SECRETARISSECTION

9/15/2021

COVER LETTER

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TO:

	egistration Se ivision of Cor					
CIID IE CT		ESTMENTS LLC				
SUBJECT	Name of Limited Liability Company					
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		Luciano Petinatti				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
			Firm/Company			
		4627 Woodlot Ct				
			Address			
		Orlando / FL / 32835				
		lpetinatthi@gmail.com	City/State and Zip Code			
			to be used for future annual report not	ification)		
For further	information c	oncerning this matter, please ca	all:			
Luciano Po	etinatti		407 308-6846 at ()			
	Name o	f Person		ne Telephone Number		
Enclosed is	s a check for th	ne following amount:				
\$25.00) 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		<u>Street Address:</u> Registration Se	ection			
Division of Corporations		Division of Co				
	.O. Box 632	•	The Centre of	•		
Tallahassee FI 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFLP INVESTMENTS LLC

2021 SEP -3 AM 5: 05

(Name of the Limited Liability Company as it now appears on our records) The Articles of Organization for this Limited Liability Company were filed on 04/15/2021 Florida document number L21000176491 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 City

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
AMBR	ALBERT FERREIRA	4627 WOODLOT CT	□Add
		ORLANDO, FL 32835	□Remove
			🗏 Change
AMBR	LUCIANO PETINATTI	4627 WOODLOT CT	⊟ Add
		ORLANDO, FL 32835	□ Remove
			Change
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fective date, if other than the	
	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 lock does not meet the applicable statutory filing requirements, this date will not be listed a
cument's effective date on the D	Department of State's records.
ecord specifies a delayed effective is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	\nearrow
Orlando ited	, 08/30/2021
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Signature of a member or authorized representative of a member
Luciano Petinatti	
	Typed or printed name of signee