KZ1000196011

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000375886130

11/01/21--01041--007 **25.00



A. BUTLER NOV 1 5 2021

COVER LETTER

Divi	sion of Cor	porations		
SUBJECT:	•	stment Company		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Leopold L Leveille		
			Name of Person	
		Utopia Investment Compar	ny	
			Firm√Company	
		18117 Biscayne Blvd #129	6	
			Address	
		Aventura, FL 33169		
			City/State and Zip Code	
		admin@utopiainvest.com E-mail address: (to be used for future annual report no	otification)
For further in	formation co	oncerning this matter, please ca	all:	
Leopold L Lo	eveille		305 7250503	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling 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)
	ling Addressistration S		Street Address: Registration S	ection

Division of Corporations P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

--- PH 12: 36

Utopia Investment Company	7071 110	9 - 1 1111-
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our record ed Liability Company)	E) OF STATE
he Articles of Organization for this Limited Liability Compar	•	
lorida document number <u>L21000196011</u> .		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered offic	e address on our records, enter	the name of the new registr
gent and/or the new registered office address here:		one name of the new registre
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	orida Zip Code

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Leveille, Polyeucte	20543 NW 8th Ave	
		Miami, FL 33169	≣Remove
			□ Change
AMBR	AUGUSTIN, ALEXANDER B	20543 NW 8th Ave	□ Add
		Miami, FL 33169	■Remove
			□Change
			□Add
			□Remove
			□Change
			🖸 Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

		··	
			
		 	
			<u> </u>
	1984		
 			
		· ·	
			
 			
· · · · ·			
n effective date is listed, the date mus	it be specific and cannot be prior to da ock does not meet the applicable	(option to of filing or more than 90 days after statutory filing requirements, this	filing.) Pursuant to 605,0207
ecord specifies a delayed effectives filed.	e date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2021		
October 27th			
ied	Signature of a member or authorized		

Filing Fee: \$25.00