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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

	NVESTMENTS GROUP LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	EMAD FARAH				
		Name of Person			
	<u>.</u>	Firm/Company			
	215 DEMPSEY WAY				
		Address			
	ORLANDO, FL 32835				
		City/State and Zip Code			(2)
	FARAHINVESTMENTSG	<del>-</del>	. *	1881 HVA	
	E-mail address: (	to be used for future annual report notif	ication)	15	17
For further information	concerning this matter, please of	all:		7 28	
EMAD FARAH		321 331-4032 at ()			
Name	of Person	Area Code Daytime	: Telephone Number	II: 2 <sup>4</sup>	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	ı
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations	)	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FARAH INVESTMENTS GROUP LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were	filed on MAY 01,2021 and assigned
Florida document number L21000204450	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," 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)	2021
D. If any distance of the major and any distance of the major and decorate of the major and deco	N . —
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, enter the name of the new regist
	<b>≘</b> 5
Name of New Registered Agent:	. 24
New Registered Office Address:	
	Enter Florida street address
	, Florida
Ci	ty 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 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
MGR	EMAD FARAH	215 DEMPSEY WAY CIR	
		ORLANDO, FL 32835	□Remove
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ective date, if other than the date of filing:	ate of filing or more than 90 d	_ (optiona	-,	nt to 605.020
te: If the date inserted in this block does not meet the applicable	statutory filing requireme	nts, this da	te will not	be listed a
cument's effective date on the Department of State's records.				
ecord specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earlie	er of: (b)	The 90th d	lay after the
is filed.				
ted 05 - 20 / 2021.	/			
	/			

Typed or printed name of signee