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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	prporations		
SUBJECT: M	$\gamma \Lambda \Lambda I \subset I$	110	
SUBJECT:T_V	OAN Sadwid	nited Liability Company	
		,	
The enclosed Articles of	FAmondania and Fores	1	
	f Amendment and fee(s) are su	·	
Please return all corresp	ondence concerning this matte	r to the following:	
	Osca	Zapata Name of Person	
		Name of Person	
	1111-	T to 110	
		Twestnests, LLC Firm/Company	
	4.5	u	
	1090 No	F 105 th St.	
	_ Miami 5	Lores, Fl. 33138 City/State and Zip Code	
	0	City/State and Zip Code	
	<u>Oscar En</u> E-mail address:	oan sandwickes. com	(6xix)
For further information	concerning this matter, please c		meanony
or mener mornances;	oncerning this matter, please of	air:	
Oscar 7	apata	at (305) 376.	79 67
Name o	f Person	at (305) 336. Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration Section		Registration Section	
Division of C P.O. Box 632		Division of Cor	porations
7.O. DOX 002	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L21000 227111 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 "LLC." Enter new principal offices address, if applicable: 1090 NE 105th St. Miami Shores Fl. 33138 (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

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	Incredible Investments 2, LLC	15463 SW 276 St.	🗆 Add
		Homestead, Fl. 33032	[XRemove
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р. на	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(It an <u>No</u> t	ective date, if other than the date of filing:
f the re ecord is	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the s filed.
Dat	ed November 2nd 2021
	Signature of a member or authorized representative of a member
	Oscar Zapata Typed or printed name of signee