L21000229402

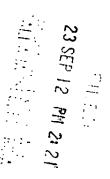
(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer. J. HORNE
	OCT 1 2 2023

Office Use Only



300415377853

09/12/23--01009--018 **25.00



COVER LETTER

SUBJECT: ORT	BAY INVE	STMENTS LL	_C
		ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	M16UE	DRT1Z	
		Name of Person	
	ORTBAY	INVESTMENT	IS LLC
		Firm/Company	
	4707 50	abol Riuge	C.
		Address	
	WESTON	, FC , 33331	
	ORTIZ M160 E-mail address: (i	City/State and Zip Code VEL 1129 @ GM to be used for future annual report notifi	AIC. WM
For further information conc	erning this matter, please ca	all:	
MIGUEL	- ORTIZ	at (<u>305</u>) <u>333</u>	-3135
Name of Po	rson	Area Code Daytime	Telephone Number
Enclosed is a check for the f	ollowing 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 Sec	tion	Street Address: Registration Section	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORTBAY INVESTMENTS LLC

(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 C	Company were filed on $5 - 17$	- 21 = and assigned
Florida document number L 21000 22 91	4.02	SEP
This amendment is submitted to amend the following:		727
A. If amending name, enter the new name of the lim	ited liability company here:	M 2: 21
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LE	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street addr	ess
		Nauta.
	City	lorida Zip Code
Now Doubtound Amently Chamberry of chambing Doubton	4 4	

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
M6R	SUNEXUZ INVESTMENTS LLC	1065 NW 10 AU SUITE 30	DDA□ ∑C
		MICMI FL 331-)2.	Remove
	1		□Change
			□Add
			□Remove
			□Change
			□ Add
		 	□Remove
			□Change
		······	□Adđ
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<u></u>	
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	· · · · · · · · · · · · · · · · · · ·
_	
_	
-	
_	
(If an effect Note: If	e date, if other than the date of filing:
ord is filed	
Dated	August 25th, 2023.
	an.
	Signature of a member or authorized representative of a member
	Wignel or hiz

Filing Fee: \$25.00