To: 18506175383 Division of Corporation Florida Department of State Division of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H210002213393))) H210002213393ABCX Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations : (850)617-6383 Fax Number From: Account Name : LEGALZOON.COM INC. Account Number : 120010000062 (323) 962-9600 Prone (323)962-3889 Fax Humber \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2021 JUN - 3 GARFER INVESTMENTS LLC 0 FILED Certificate of Status 1 Certified Copy AH 05 Page Count ڢ \$55.00 Estimated Charge

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GARFER 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 Company were filed on 05/19/2021 and assigned Florida document number L21000233558

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 Linbility Company," the designation "LLC" or the abbreviation "LLC."

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

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Zip Cogie

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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 duttes, and Lam familiar with and accept the abligations 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 **Type of Action** Address <u>Title</u> Name CARAVEDO, DANIEL MGR 🗖 Add 👘 9264 KING HILL ST PORT CHARLOTTE, FL 33981 🖬 Remove Change D Add D Remove 🖾 Change D Add 🖸 Remove Change 🗖 Add C Remove 🛛 Change 🗖 Add D Remove [] Change D Add 🖸 Remove Change

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If the record 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 record is filed.

Dated	June 02	al men	10	202
	Michael Garvey	ature of a member or authorized representative of a membe		
	<u></u>	Typed or printed name of signee		
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