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Office Use Only



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COVER LETTER

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OLIB ID	Garfer Investments LLC								
SUBJE	CI:	Name of Limited Liability Company							
The encl	losed	Articles of A	mendment and fee(s) are subr	mitted for filing.					
Please ro	eturn	all correspond	dence concerning this matter (to the following:					
			Filing Department						
				Name of Person		· · · · · · · · · · · · · · · · · · ·			
			BetterLegal						
				Firm/Company		<u> </u>			
			750 North Saint Paul St Su	ite 250, PMB 35833					
				Address					
			Dallas, TX 75201						
				City/State and Zip Code					
			michaelgarvey03@gmail.co	m o be used for future annual re	nort notification)				
For furth	ner in	formation cor	ncerning this matter, please ca		port normanom				
Christin				512 969-: at ()					
		Name of I	Person	Area Code	Daytime Telephone	e Number			
Enclosed	d is a	check for the	following amount:						
\$25.	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) (60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 MAY 29 PH 1: 05

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 Liabil		05/19/2021	and assigned
Florida document number L21000233558	·		
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," th	e designation "LLC" or (the abbreviation "L.L.C."
Enter new principal offices address, if applicable	;		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registered agent and/or the new registered office: Name of New Registered Agent:		on our records, <u>en</u>	ter the name of the new
New Registered Office Address:		· -	
	Enter F	lorida street address	
_		, Florida	Zip Code
	City		Lip 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 Changing Registered Agent, Signature of New Registered Agent

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		Address 21 HAY 28 FR 1: 05		
<u>Title</u>	<u>Name</u>	Address 21 HAY 28 FR 1: 05	Type of Action	
MGR	Daniel Caravedo	9264 KING HILL ST		
		PORT CHARLOTTE, FL 33981	■ Remove	
			Change	
			Remove	
			Change	
			D Add	
			Remove	
			Change	
			Add	
			Remove	
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			Remove	
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			Add	
			Remove	
			Change	

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ctive date, if other than the date of filing:	(optional)
:ffective date is listed, the date must be specific and cannot	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
if the date inserted in this block does not meet the ment's effective date on the Department of State's	he applicable statutory filing requirements, this date will not be listed a records.
·	
	but not an effective time, at 12:01 a.m. on the earlier
e 90th day after the record is filed.	
May 25 202	21
d (May 25)	
1	len farmer

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Filing Fee: \$25.00