8/12/2021

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 : (407)888-3131 Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PCCC

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TORRES VELEZ INVESTMENTS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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COVER LETTER

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| | etion Section of Corporations | · 'V. |
|--------------------|--|--|
| TOP SUBJECT: | RRES VELEZ INVESTMENTS LLC | · ¾ |
| SUBJECT. | Name of Limited Liability Company | |
| | cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: | |
| | CLAUDIA M TORRES VELEZ | |
| | Name of Person | |
| | Firm/Company | |
| | 11084 PINE VALLEY DR | |
| | Address | 2021 SE |
| | 2021 AUG 20 SECRETARY FALL APASS | |
| | City/State and Zip Code | 20 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | ACCOUNTANT@TAXZONEFL.COM | |
| | E-mail address: (to be used for future annual report notification) | |
| For further inform | nation concerning this matter, please call: | 9: 34 3.60810. |
| CLAUDIA M TO | ORRES VELEZ 407 888-3131 | |
| | Name of Persor. Area Code Daytime Telephone Number | |
| Enclosed is a che | ck for the following amount: | • |
| ■ S25.00 Filing | Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C | of Status & |
| Registi Divisio | Address: ration Section Registration Section on of Corporations Division of Corporations The Centre of Tallahassee | |

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: Tax Zone

H210003046893

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TORRES VELEZ (NVESTMENTS LLC | | | | |
|--|--|------------------------------|--|--|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records. lability Company) | | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000268878</u> | were filed on 06/09/2021 | and assigned | | |
| This amendment is submitted to amend the following: | , | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | |
| The state of the s | in Community the decimation "I I C" | or the abbreviation "L. C." | | |
| The new name must be distinguishable and contain the words "Limited Liabil | | of the apply radio 2 | | |
| Enter new principal offices address, if applicable: | 11084 PINE VALLEY DR | | | |
| (Principal office address MUST BE A STREET ADDRESS) | WELLINGTON, FL 33414 | | | |
| | | | | |
| Data and the address if applicables | 11084 PINE VALLEY DR | | | |
| Enter new mailing address, if applicable: | WELLINGTON, FL 33414 | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>enter t</u> | ne name of the new registere | | |
| New Registered Office Address: | Enter Florida street address | | | |
| | Flo | rida | | |
| <u> </u> | City | rida Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent | <u>.</u> | | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | ree to act in this capacity. I fur performance of my duties, an provided for in Chapter 605, i | F.S. Or, if this document is | | |
| If Cha | nging Registered Agent, Signature o | I New Registered Agent | | |

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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> | Name | <u>Address</u> | Type of Action |
|--------------|------------------------|----------------------|----------------|
| MGR | CLAUDIA M TORRES VELEZ | 11084 PINE VALLEY DR | |
| | | WELLINGTON, FL 33414 | □Remove |
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| Effective date, if other than the effective date is listed, the date in Note: If the date inserted in this document's effective date on the | mist në specitic a block does not | no camot oe pro i meet the appli | cable statutory | or more than 90 filing requirer | (options days after fili ments, this da | r.g.) Pursuant to | 605.0207 (listed as t |
| e record specifies a delayed effee rd is filed. | tive date, but n | ot an effective | time, at 12:01 a | i.m. on the ear | lier of: (b) | The 90th day | after the |
| Dated | | 2021 | · | | | | |
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| | | | horized represent | | | | _ |