## L21000269953

(Re	equestor's Name)	
(Ad	dress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nar	me)
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04/25/22--01025--008 \*\*25.00

DIVISION OF CORPORATIONS
22 APR 25 PM 3: 20

T. MATTHEWS
JUN 14 2022

### **COVER LETTER**

TO:

TO:	Registration Sec Division of Corp			
cub ie	.cт	INVESTMEN	TS&SERVICES SZMV L	LC
SUBJE	CI:	Name of Lim	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please 1	eturn all correspor	ndence concerning this matter	to the following:	
			Sonia Becerra	
			Name of Person	
			Swyft Filings	
			Firm/Company	
3 Greenway Plaza #1320				
			Address	· · · · · · · · · · · · · · · · · · ·
			Houston, TX 77046	
			City/State and Zip Code	-
			nts.services.szmv@gma	
		E-mail address: (	to be used for future annual report n	otification)
For fur	ther information co	oncerning this matter, please ca	all:	
	Sonia Be	ecerra	at ( 877 ) 777	7-0450
	Name of	Person		time Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>X</b> \$2.	5.00 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 S Division of Co P.O. Box 632 Tallahassee, F	fection orporations 7	Street Address: Registration S Division of C The Centre o 2415 N. Mon Tallahassee.	Section Corporations f Tallahassee Troe Street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CORPORATION OF DIVISION OF CORPORATION

### INVESTMENTS&SERVICES SZMV LAZCAPR 25 PM 3: 20

(Name of the Limit	(A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L. Florida document number L2100026		06/10/2021	and assigned
This amendment is submitted to amend the foll			
A. If amending name, enter the new name o	f the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the des	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
	<del></del>	-	
rus and a result of the Parkland			
Enter new mailing address, if applicable:		<del></del>	
Mailing address MAY BE A POST OFFICE	<u></u>		
		-	
B. If amending the registered agent and/or agent and/or the new registered office addre	***	cords, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:	Simon Zerpa Carballo		· ·
New Registered Office Address:	5924 Sheridan St #1032	_	
	Enter Florid	la street address	<u> </u>
	Hollywood	Florida	33021
	City		Zip 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.

SHZycC.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change
			□ Add
			□Remove

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ote:	te date, if other than the date of filing:
record I is file	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
	December 8th 2021.
ated _	
ated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00