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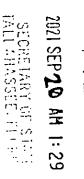
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COVER LETTER

TO:	Registration Se Division of Cor	ection -porations		
	HORLIV I	NVEŠTMENTS, LLC	*	•
SUBJ	ECT:			
		Name of Lin	nited Liability Company	-
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		MARGARITA MORALES	S DE VALDES	
			Name of Person	
			Firm/Company	
		2309 SW 57 CT	,, <u>, _ ,</u>	
			Address	
		MIAMI, FL33155		
		HORLIVINVESTMENTS@	City/State and Zip Code GMAIL.COM	·
		E-mail address: (to be used for future annual report notifi-	cation)
For fur	ther information c	oncerning this matter, please co	all:	
YANE	LI VALDES		305 498-7431	
			at ()	Telephone Number
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
≡ \$ 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2021 SEP 20 AM 1:29

Zip Code

HORLIV INVESTMENTS, ELC		SECRETARY OF STA
(Name of the Limited Liabilia (A Florida	ty Company as it now appears on our r Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C Torida document number 1.21000300103	ompany were filed on $\frac{6/30/2021}{2}$	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***	
Principal office address MUST BE A STREET ADDR	(ESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	l office address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	· · · · · ·	, Florida
	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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARGARITA MORALES DE VALDES	2309 SW 57 CT, MIAMI, FL 33155	
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			Remove
			Change
			□Add
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	be specific and cannot be ock does not meet the a	applicable stat	filing or more than utory filing requi	(optional 90 days after filin rements, this dat	g.) Pursuant to 605.020
record specifies a delayed effective d is filed.	date, but not an effec	tive time, at 1	2:01 a.m. on the	earlier of: (b) T	he 90th day after the
September 16 Dated	2021				
Ma	11 the No	Zo da	000	,	
	Signature of a member of	70~ · · · ·	- 0		