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COVER LETTER

TO: Registration S Division of Co			
CUD IP CT		NVESTMENTS L.L.C.	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	nitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		LOVETTE DOBSON	
		Name of Person	
		Firm/Company	
17350 STATE HWY 249, #220			
		Address	
-		HOUSTON, TX, 77064	
		City/State and Zip Code	
		TLE1234@INCFILE.COM o be used for future annual report not	ification)
For further information	concerning this matter, please ca		meaton)
LOVETT	E DOBSON	888 462-3453	
Name	of Person		nc Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration	Section	Street Address: Registration Se	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee.			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BATISTA J3D INVESTMENTS L.L.C.	
(<u>Name of the Limited Liability Company as it now appears o</u> (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{07/06}{1}$.	and assigned
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 Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2
Principal office address MUST BE A STREET ADDRESS)	2971 OCT ::
Enter new mailing address, if applicable:	-L PH 22
Mailing address MAY BE A POST OFFICE BOX)	12: 18
3. If amending the registered agent and/or registered office address on our reco gent and/or the new registered office address here:	ords, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	a street address
ismer Frontia	
Cin:	Florida 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, 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
AMBR	Danny Batista	16700 Ne 22nd Ave Apt 4	□Add
		North Miami Beach, FL 33160	≡ Remove
			□Change
AMBR	Dhariana Batista	16700 Ne 22nd Ave Apt 4	□Add
		North Miami Beach, FL 33160	■Remove
			□Change
			□Add
		□Remove	
		-	□Change
			□Remove
•			□Change
			□Add
	<u></u>	□ Remove	
			□Change
			□Add
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Signature of a member or authorized representative of a member	ted September, 30	2021			
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Jose Batista		Jose	Batista		