L21000322845

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COVER LETTER

TO: Registration Division of C			
	IRE CONSULTING AND INVE	STMENTS LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	MARGUERITA CAREY		
		Name of Person	
		Firm/Company	
	1090 NW 117TH AVE		
		Address	
	CORAL SPRINGS, FL 33	071	
		City/State and Zip Code	
	LAEMPIRELLCI@GMAI		
		to be used for future annual report noti	rication)
For further information	n concerning this matter, please co	all:	
MARGUERITA CAR	EY	786 2842083 at ()	
Name	e of Person		e Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address: Registration Sec	ction

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L21000322845.	ny were filed on 07/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		(0 8)
(Principal office address MUST BE A STREET ADDRESS)		021 EGI
		THE PROPERTY OF
		-8
Enter new mailing address, if applicable:		SSR ₹ IT
Mailing address MAY BE A POST OFFICE BOX)		S :: 0
		22
		8
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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
MGR	MARGUERITA CAREY	1090 NW 117TH AVE CORAL SPRINGS FL 33071	l ≣Add
			□Remove
			□Change
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IT S	SHOULD ONLY BE ONE TIME.IT WAS A DUPLICATE JUST LIST HIM ONE TIME AND
AD	D MARGUERITA CAREY
-	
_	
ativa	data if athor than the data of Climer
effectiv <u>e:</u> If t	date, if other than the date of filing:
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
09/	23/2021
ed	

Typed or printed name of signee

. . . .