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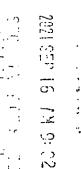
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:C	clas Klieves	investments 110	•
SUBJECT:	Name of Lim	investments IIC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Car	Name of Person	
	Carlos	Nicves Mycsty Firm'Company	nents 11c
	507 Autu	mn Stream dr. Address	
	Auburnda	City/State and Zip Code	
	E-mail address: (15 mnieves 001 @ to be used for future annual report notific	ation) Com
For further information c	oncerning this matter, please ca	all:	2021 S 1202 S
Carlos A	J, eves	at (386) 383 - C	Telephone Number 25 14 9: 22
, while w			
Enclosed is a check for the	ne following amount:		- 15 32
□ \$25.00 Filing Fee	Z \$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 Addres Registration S		Street Address: Registration Sect	ion
Division of C		Division of Corp	
P.O. Box 632	•	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carlos Nieves investments 110			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
22/21/22			
The Articles of Organization for this Limited Liability Company were filed on 07/26/2021	and	l assig	med
Florida document number <u>L2\000336648</u> .			
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 designation "LLC" or the	abbreviatio	n "L.L.	<u>C.</u> "
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, enter the na	me of the	<u> ÚĠv</u>	<u>registered</u>
agent and/or the new registered office address here:	1.5	2	
	! " ~	1.3	1 12 - 1214
Name of New Registered Agent:	<u> 1356</u>	<u>_</u> 6	· -
Ni may District and Le 2007 and Additional	(,)	-	177
New Registered Office Address: Enter Florida street address	- (()	<u> </u>	- (: : :
, Florida, Florida	Zin C	ode	

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_	Carlos Dieves investm	or 507 Autumn Stream dr.	_ □Add
		Auburndale FL, 37823	_ ZRemove
			_ Change
AMBR	Carlos Nicves	507 Autumn Streem	_ ZAdd
		dr. Auburndate Fl. 33823	_ □Remove
			_ □Change
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ffective date, if oth	er than the date of fili	ng:		(or	े हाँ otional)	2
Sote: If the date inser	er than the date of fili	t meet the applic	able statutory fili	more than 90 days at ng requirements,	fter filing.) Pursuar this date will not	nt to 605,0207 be listed as
	ayed effective date, but n	ot an effective ti	me, at 12:01 a.m	. on the earlier of:	(b) The 90th d	lay after the
record specifies a del d is filed.						
d is filed.	iber 15	<u>. 2021</u>	<u> </u>			
d is filed.	Signature of	- 2021 2 Mune	_·			

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