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(((H220003013173)))



H220003013173ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TT INVESTMENTS LLC

جدارة الأمث كالمداعد والمستحدث فللمستدان المالها بالباري البارة والمدروب والمناف والمستحدد	
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T. LEMIEUX

SEP - 2 2022

From: TAXLEAF.COM CONTADORMIAMI.COM

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

H220003013173

TTIN	ZESTMENTS LLC		
(Name of the Limited Linhility (A Florida L	Company as it now appears imited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Con Florida document number	npany were tiled on	08/02/2021	and assigned
A. If amending name, enter the new name of the limite	ed liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		100-710-0	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	ords, <u>enter the nar</u>	
Name of New Registered Agent:			2022
New Registered Office Address:	heter Flaris	la street address	SEP -
	Date Florid		
	Chy	, Florida	Zsp Code
New Registered Agent's Signature, if changing Registered	Agent:		· SEE 23
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and col accept the obligations of my position as registered age being filed to merely reflect a change in the registered campany has been notified in writing of this change.	mplete performance of n ent as provided for in Ch	ny duties, and I am napter 605, F.S. Or	familiar with and , if this document is
	If Changing Registered Ager	nt, Signature of New R	egistered Agent

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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>	Name	Address	Type of Action
MGR	KIELMANOWICSZ, SERGIO	252 EAST WOODLAND ROAD	□Add
		NEW MILFORD, NJ 07646-2325	☑Remove
			Change
MGR	TOTAH SABAN, FEDERICO	363 NE 167TH ST	✓Add
		NORTH MIAMI, FL 33162	Remove
			Change
			□Add
			Remove
			Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and can:			(optional)	
an effective date is listed, the date must be specific and can- iote: If the date inserted in this block does not meet ocument's effective date on the Department of State	the applicable sta	of filing or more than 9 acutory filing require	0 days after filing.) Pursu ments, this date will n	ant to 605.020 ot be listed a
record specifies a delayed effective date, but not an office.	effective time, at	12:01 a.m. on the ea	rlier of: (h) The 914h	day after the
AUGUST 31TH	2022	انم ر انم ر		
MODUUT STITT			***	
august 31TH	· ·	1 Tin	9	

Typed or printed name of signee