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C-)VER LETTER

TO: Registration Section

Division of Co	orporations		
SUBJECT:		TY INVESTMEN ite., Liability Company	TS, LLC
The enclosed Articles e	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	ondence concerning this matter	to the following:	
.'	Victor H	Name of Person IRTY INVESTMEN Firm/Company	Sarate
	DYB PROPE	Firm/Company	TS, UC
	ZOZOO W DIXI	ie Hway Suite	606
	Aventura, Fabgonzal	F1, 33180 :lity/State and Zip Code e2 @ hotmail. com to be used for future annual report noti	
For further information	is-mail address: (concerning this matter, please c		fication)
Victor	Dinamarca	at (305_) 733	1048
Nam ·	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check fo	the following amount:		
\$25.00 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 Addr Registration Division of P.O. Box 63 Tallahasse	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>		<u></u>
(Same of the Limited Dapinty C. (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Completion of Complete Land Co	pany were filed on <u>08 - 24 - 21</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "L;mited	Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principa! offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>'S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our records, enter the nan	ne of the ew registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address Florida	AN O: 34 OF STATE
	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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
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y Briones Limitada.	Suite 606	□Remove	
		Aventura, FL, 33180	□Change
			□Add
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