## L21000381034

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SEP 2.7 2021 I ALBRITTON

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MALELU INVESTMI	ENTS LLC	<b>}</b>
***************************************		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: Seth	00/02/2:	UCC 1 or 3 File
	08/03/21	UCC !! Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

## **COVER LETTER**

	Division of Corp			
NIID IEC	DIECE, LL	С		
SUBJEC	-l: <u></u>	Name of Limi	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JESSICA MOLINA		
			Name of Person	
		TIBER SERVICES, LLC		
		,	Firm Company	
		2434 HOLLYWOOD BLV	/D 2ND FLOOR	
			Address	
		HOLLYWOOD, FL 33020		
			City/State and Zip Code	
		clients@tiberservices.com	to be used for future annual report noti	hication)
For furth	her information c	oncerning this matter, please ca		
Jessica .			954 7-144051 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Englose	d is a check for th	he following amount:		
	.00 Filing Fee	S30.00 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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Section Division of Corpo	on

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



August 5, 2021

CAPITAL CONNECTION, INC.

SUBJECT: MALELU INVESTMENTS LLC

Ref. Number: L15000028206

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent can not sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00018503

Irene Albritton Regulatory Specialist II

WEISEP 24 MI 3: 2

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia) (A Fig.	billty Company as it now appears on o rida Limited Liability Company)	021 and assigned
The Articles of Organization for this Limited Liability	y Company were filed on 08/25/2	021 and assigned
Florida document number L21000381034	<del></del> ,	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	_	
Enter new mailing address, if applicable:		
B. If amending the registered agent and/or re	egistered office address on our	records, enter the name of the new
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	egistered office address on our	records, enter the name of the new
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our	
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	egistered office address on our address here:	reet address Florida
B. If amending the registered agent and/or registered agent and/or the new registered office a  Name of New Registered Agent:	egistered office address on our address here:	
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:  New Registered Office Address:	egistered office address on our address here:  Enter Florida sto	reet address Florida
B. If amending the registered agent and/or re registered agent and/or the new registered office a  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered agenticates agenticates agenticates of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registered agentication of the proper and accept the obligations of my position as registered agentication of the proper and accept the obligations of the proper agentication of the	egistered office address on our address here:  Enter Florida statement and agree to act in this capad complete performance of my all agent as provided for in Chaptered office address. I hereby co	reet address, Florida Zip Code  city. I further agree to comply with the luties, and I am familiar with and ter 605, F.S. Or, if this document is
	egistered office address on our address here:  Enter Florida state of the complete performance of my a lagent as provided for in Chaptered office address. I hereby conge.	reet address, Florida Zip Code  city. I further agree to comply with the futies, and I am familiar with and ter 605, F.S. Or, if this document is

Page 1 of 3

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	TIBER SERVICES, LLC	2434 HOLLYWOOD BLVD	
		2ND FLOOR	■ Remove
		HOLLYWOOD, FL 33020	Change
MGR	DIEGO ORTIZ	2434 HOLLYWOOD BLVD	—————————————————————————————————————
		2ND FLOOR	□ Remove
		HOLLYWOOD, FL 33020	Change
MGR	MARIA CECILIA BRUN PEÑA	2434 HOLLYWOOD BLVD	
		2ND FLOOR	
		HOLLYWOOD, FL 33020	☐ Remove
			Add
			□ Remove
			Change
			□ Remove
		<u></u>	☐ Change
			□ Add
			🗀 Remove
			☐ Change

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inte: If th	e date is listed, the te date inserted s effective date	in this block do	es not meet in	ie applicable s	of filing or more the atutory filing req	an 90 days after fi uirements, this d	ing.) Pursuant to 605.020 ate will not be listed a
e record The 90	i specifies a th day after	delayed effe the record i	ective date, s filed.	but not an	effective time	, at 12:01 a.ı	m. on the earlier o
ated	09	122/2	021	·			
11	<u>/</u>		ina ala manta	e or authorized	representative of a	member	<del></del>
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	<del>- 1///</del>		Type	or printed nan	e of signee		

Page 3 of 3

Filing Fee: \$25.00