9/20/21, 1:05 PM

Division of Corporations

Florida Department of State Division of Corporations Electronic Fling Cover Special

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H210003513103ABCQ

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To:	Division of Corporations		
	Fax Number	: (850)617-6383	
From:			
	Account Name	: J&K ACCOUNTING SERVICES LLC	٠.
	Account Number	r : I2020000 0 194	
	Phone	: (786)448-3851	- •
	Fax Number	: (123)456-789	-
		ss for this business entity to be used for future	

021 SEP 20 PM 1: 18

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INV. AJI LLC

Certificate of Status	0
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Page Count	03
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SEP 2 1 2021

S. PRATHER

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H210003513103

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	-	
INV. AJI LLC		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		T 1
The Articles of Organization for this Limited Liability Company were filed on 09/10/2021	and a	assigned
Florida document number L21000403234	·	1.: 31
This amendment is submitted to amend the following:	•	51
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 a	bbreviation '	"L.L.C."
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 nar agent and/or the new registered office address here:	ne of the I	new registered
Name of New Registered Agent:		<u></u>
New Registered Office Address: Enter Florida street address	_ 	
, Florida		
Cuy	Zip Co	de
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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Obeing filed to merely reflect a change in the registered office address, I hereby confirm that the l company has been notified in writing of this change.	r, if this d	ocument is

H210 803573103

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:

#210003513103

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	JUAN MANUEL SOMOZA	8800 NW 36 ST# 4628	■Add
		MIAMI, FL 33178	□Remove
			□Change
AMBR	ANTONIO DIAZ CARRERO	8800 NW 36 ST# 4628	≅Add
		MIAMI, FL 33178	□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change

H210003513103

	<u> </u>		
			
ffective date, if other than the da an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depa	specific and cannot be prior to date does not meet the applicable s	(optional confiling or more than 90 days after filing tatutory filing requirements, this day	ng.) Pursuant to 605.0207
record specifies a delayed effective de l is filed.	ate, but not an effective time, a	t 12:01 a.m. on the earlier of: (b)	The 90th day after the
SEPTEMBER 17	2021		
ated		a	
Inas Tarrae	1 Serdono Se	andloral!	
Sig	mature of a member or authorized	representative of a member	
Sig IVAN ISMAEL PERDOM	grature of a memoer of authorized	representative of a method	-

Filing Fee: \$25.00 # 2/00035/3/03