K21 CCC 403253

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT:	Flores	Pol Investment LLC ed Liability Company		
	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
		Adyari Avila		
	Flores Po	1 Investment LLC Firm/Company		
	936 SI	v 1 st Are. # 990		
	Miami 7	-6 33130- 4520 City/State and Zip Code		
	E-mail address: (t	morales@yahoo.es be used for future annual report notification)		
For further information c	oncerning this matter, please ca			
Adyari Name o	Avi/a f Person	at (786) 343 - 8837 Area Code Daytime Telephone Number		
Enclosed is a check for th	ne following amount:			
₩ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) Certified Co (additional copy	f Status & py	
Mailing Address Registration S Division of C	Section 'orporations	Street Address: Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flores Pol Investr	nent LLC
(Name of the Limited Liagility Compa- (A Florida Limited L	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $9/10/2021$ and assigned
Florida document number <u>L 21000 403 253</u> .	
This amendment is submitted to amend the following:	
_	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	936 SW 1 st Ave #990 Miami, FL 33130-4520
Trincipal Office dudiess SIQST BE A STREET ADDRESS	
Enter new mailing address, if applicable:	936 SW 1 st Ave #990 Miami, FC 33130-
Mailing address MAY BE A POST OFFICE BOX)	Miami FL 33130 -
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
New Registera Office Address.	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	
accept the obligations of my position as registered agent as p	provided for in Chapter 605, F.S. Or, if the document is
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	
company has been nonjied in writing by this endinge.	

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
			□ Add
			Петоче
			Change
			□Add
			Remove
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f an eff Note <u>:</u>	ive date, if other than the date of filing:
d is ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th led.
)ated	Hovember 11 2021. Alpri Aula
	Signature of a member or authorized representative of a member Acty 2ri Avil 2 Typed or printed name of signee