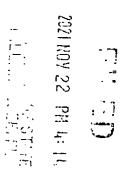


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COVER LETTER

	Registration Sec Division of Corp				
eum ie <i>c</i> r	AR & BT IN	NVEȘTMENTS, LLC	. •		
SUBJEC	J;	Name of Limi	ted Liability Company		
The encio	sed Articles of A	Amendment and fee(s) are subr	mitted for filing.		
Please reti	urn all correspoi	ndence concerning this matter t	to the following:		
		Cesar Aguero			
			Name of Person		
			Firm/Company		
		9013 NW 55th Court			
			Address		
		Sunrise FL 33351			
		cesarlaguero@gmail.com	City/State and Zip Code		
		E-mail address: (t	to be used for future annual (report notification)	
For furthe	r information co	oncerning this matter, please ca	ill:		
Claudia B	Bruckmann		786 510 at ()	0.1846	
	Name of	'Person	Area Code	Daytime Telepho	one Number
Enclosed	is a check for th	e following amount:			
■ \$25.0	() Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AR & BT INVESTMENTS, LLC

2621 HOV 22 Pil 4: 11

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/21/2021}{2}$ Florida document number L21000416146 This amendment is submitted to amend the following: 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 abbreviation "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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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>	Address	Type of Action
AMBR	Cesar L Aguero	9013 NW 55TH CT	
		SUNRISE, FL 33351	□Remove
AMBR Agatha Aguero	9013 NW 55TH CT	□Add	
		SUNRISE, FL 33351	□Remove
			Change
AMBR	Melina Buitron	1019 NE 7TH STREET	□Add
		HALLANDALE BEACJH, FL 33009	□Remove
			= Change
AMBR Jazmin Tello	1019 NE 7TH STREET	□ Add	
		HALLANDALE BEACJH, FL 33009	□Remove
			■ Change
-			□Add
			🗀 Remove
			□Change
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