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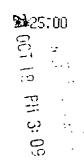
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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10/18/21--01020--016 \$25:00



T. MATTHEWS

## **COVER LETTER**

Division of Cor	porations		
Investments	5.58, LLC		
SUBJECT:			
-	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Płease return all correspo	indence concerning this matter	to the following:	
	Ana Senior		
		Name of Person	<del></del>
	Chandoke Senior PA		
		Firm/Company	
	4901 Vineland Road, Suite	270	
		Address	
	Orlando, FL 32811		
	ana@thecslaw.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Ana Senior		407 4210775	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	etion
Division of C		Division of Corp	

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

TO:

Registration Section

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

**21** 007 18 PH **3**: 09

Investments 58, LLC

npany as it now appea ed Liability Company)	ars on our records.)
ny were filed on	9/23/2021 and assigned
ability company h	nere:
ability Company," the c	designation "L.L.C" or the abbreviation "L.L.C."
ce address on our r	records, enter the name of the new registe
·	
Enter Flo	orida street address
City	Florida
	ability company lability Company." the

## 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	
AMRR =	Authorized	Member

21 OCT 16 PH 3: 09

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Rios, Karia	10048 SILVER LAUREL WAY	
		Orlando, FL 32832	
		<del></del>	≣Remove
			Change
MGR	Arias, Johan	10048 SILVER LAUREL WAY	
		Orlando, FL 32832	
			□ Rелюче
			☐ Change
			□ Add
			□Remove
			□Change
		··	□Add
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		<del></del>	□Change
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Effecti	ve date, if other than the date of filing:
(If an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
docum	and a creetive date on the isepartment of state a records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is file	ed.
(	Detober
Dated_	
	$(\mathcal{A})$
	Signature of a member or authorized representative of a member
	Jeniffer Riera
	Typed or printed name of signee

Filing Fee: \$25.00