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| PICK-UP WAIT MAJL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

A. BUTLER MAR 1 1 2022

COVER LETTER

| TO: Registration Section Division of Corporati | ions | | |
|---|---|--|---|
| SUBJECT: | Name of Limit | ENT AND INVESTO E | WT LLC |
| The enclosed Articles of Amen | | <u>-</u> | |
| Please return all correspondenc | e concerning this matter to | o the following: | |
| | Ly | ISDAVIA Name of Person | |
| | DAVILA | FIRN/Company | |
| _ | 911 N.MA | IN ST. STF.5 | |
| | KISSIMME LUIS @ Agu | EFL 34744 City/State and Zip Code 211 aan atorhes. | ()M) |
| For further information concern | | - | |
| L UIS De Name of Perso | t/12,4 | at (<u>407</u>) <u>933</u> Area Code Daytime | O3 07 Telephone Number |
| Enclosed is a check for the follo | owing amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Division of Corporation P.O. Box 6327 | | Street Address: Registration Sect Division of Corp The Centre of Ta | orations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| TMA MANAGEMENT AND | INVESTMENT ? | 022 MAR -2 AM 10: 46 |
|---|--------------------------------------|--|
| (Name of the Limited Liability Compan (A Florida Limited L | ability Company) | ECRETARY OF STATE |
| The Articles of Organization for this Limited Liability Company v | were filed on $9/30/2$ | ECRETARY OF STATE TALLAHASSEE, FI and assigned |
| Florida document number <u>L 21 000 4 2 9 7 9</u> G | , | |
| 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 Liabili | ty Company," the designation "LLC | C" 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 a agent and/or the new registered office address here: | ddress on our records, <u>ente</u> l | r the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addre | urc |
| | | |
| | , F | lorida Zip Code |
| Non-Desistant Laurete Circustone of changing Degistered Agents | | |

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 amonding 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 |
|------------------|---------------------|---------------------------------|----------------|
| D MBR | ROBERT HWIBELESPESO | 3531 VEGA CREEK DR., ST.CLOYDFL | 772 XAdd |
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| | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| an effe | ve date, if other than the date of filing: |
| ote: I | f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records. |
| record is file | 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 d. |
| ated _ | 2/18/2022 |
| | JOS ATOMA -1 |
| | Signature of a member or authorized representative of a member |
| | |