## 121000433906

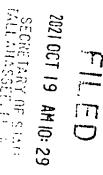
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
John Mark

Office Use Only



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## **COVER LETTER**

TO:	Registration Sec Division of Corp		•	•	•	
	Antillas Inv	1	•	pro .	\$	
SUBJ		<b>.</b>	ted Liability Company			
		Name of Emil	ced Blacking Company			
		Amendment and fee(s) are sub-	_			
Please	return all correspoi	ndence concerning this matter	o the following:			
		Joyce Johnson				
			Name of Person			
			Firm/Company			
		3225 McLeod Drive, Suite	100			
			Address			
		Las Vegas, Nevada 89121				
			City/State and Zip Code	e		
		ra@andersonadvisors.com	o be used for future annua	al report noti	ification)	
Une fo	when introduction as			ar repair nou	arcación,	
		oncerning this matter, please co	ш.			
Joyce	Johnson		800 7 at () _	'06-4741 		
	Name of	l'Person	Area Code	Daytim	ne Telephone Number	
Enclo	sed is a check for th	ne following amount:				
<b>≡</b> s:	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is e		□ \$60.00 Filir Certificate Certified C (additional co	of Status &
	Mailing Addres	<u>s:</u>	Street /	Address:		

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

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

FILED

2021 OCT 19 AM 10: 29

Antillas Invest LLC	SE	CRETARY OF STATE
( <u>Name of the Limited Liability Co</u> (A Florida Lim	SE ompany as it now appears on our records \\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(	LAHASSEELIU
The Articles of Organization for this Limited Liability Comp.  Florida document number L21000433906		
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 I	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	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	e name of the new register
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.

City

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>	Address	Type of Action
MGR	Juan Pablo Auad Saba	3225 McLeod Dr. Suite 100 Las Vegas, NV 89121	<b>=</b> Add
			□Remove
			Change
AMBR	Aruba Invest LLC	8504 NORTHWEST 3RD STREET, CORAL SPRINGS, FL 330	
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ective date, if other than the da	te of filing:		(optional)	
reffective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior	r to date of filing or more t	than 90 days after filing.)	
cument's effective date on the Depar			quirements, this date is	THE INC. OF THE OWNER,
ecord specifies a delayed effective da is filed.	ate, but not an effective ti	ime, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
o med.				
ted October 12	2021			
	·	ht Johnman		
		W = P (A D (1201)) }		
	mature of a member or auth			