L21000453285

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

Office Use Only



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2022 SEP 26 PM 2: 50
SECRETARY OF STATE
TALL AHASSEE, FI

COVER LETTER

TO: Registration Se Division of Cor					
	ESTMENTS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARTIN LOPEZ				
		Name of Person			
	THE COMPANY MAKER	RLLC			
		Firm/Company			
	1635 SW 19TH TERRAC	E UNIT B			
		Address			
	MIAMI, FL. 33145				
		City/State and Zip Code			
	martin@thecompanymaker.	com to be used for future annual report noti:	Castina)		
For further information c	roncerning this matter, please e	·	neation)		
Martin Lopez		786 757-1227 at ()		202 SEI T	
Name o	f Person	Area Code Daytime	e Telephone Number	2022 SEP 28 SECRETAR TALLAH	
Enclosed is a check for th	he following amount:			ASS 0 P0	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ng Pec	

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

TAV INVESTMENTS LLC				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	iny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liab		were filed on 10/18/2	2021	and assigned
Florida document number L21000453285	<u> </u>			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	<u>ie limited liab</u>	ility company here:		
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	le:	N/A		
(Principal office address MUST BE A STREET)	ADDRESS)		5	2022 SEG
· — — —			1.5	E W M
			ĭ	A 2 = 1
Enter new mailing address, if applicable:			- F. G.	
(Mailing address MAY BE A POST OFFICE BO) X)			
Transing address with partition of other be	<u> </u>		-	
			<u>.</u> .	
B. If amending the registered agent and/or regagent and/or the new registered office address l		address on our recoi	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Florida s	street address	
			, Florida	
•		City		Zip Code

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Imit Kaur	2315 NW 107 AVE, STE 1B12/B13	= Add
		MIAMI, FL 33172	□Remove
			Change
			□Add
			□Remove
			□Change
			2092 SEPE 6 PE 2: SECRE IVAN OF ST
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove

N/A	
	2
	2022 SEC T/
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	26 HAR
	EF 57 2:
	50 ATE
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statutory ament's effective date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 60 y filing requirements, this date will not be lis
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of: (b) The 90th day after
ed Jeptember 15, 2022.	
Signature of a member or authorized represer	atative of a member)

Filing Fee: \$25.00