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C. BRUMBLEY

COVER LETTER

Division of Co			
	INVESTMENTS 3721 UNIT	L"[L],C"	
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	
	George Rodriguez		
		Name of Person	
	GROD913 INVESTMENT	'8 3721 UNIT 4 "ELC"	
	3681 NE 170th Street J. m	Firm/Company	
	3081 M. Coursulect to III		
	North Miann Beach Fl, 33	Address 160	
	grod913@ hotmail.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 co	all;	
George Rodriguez		786 267 2291	
Name c	f Person	at () Area Code Daytime	a Telephone Number
Enclosed is a check for t	he following amount		
S25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	2 Sott Ott Filing Fee. Certificate of Status & Certified Copy radditional 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

\circ		unit 4 " ccc"
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recorded Liability Company)	ords.
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on 11 01 2021	and assigned
This amendment is submitted to amend the following		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "I imited."	Lability Company," the designation "I	LC" or the abbreviation "L. L. C. "
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	D2 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10V 19 PH 12: L
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ent</u>	ter the name of the new registered
Name of New Registered Agent		
New Registered Office Address.	Enter Florida street ade	tress
		Florida
- 	Cits	Florida

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. Thereby confirm that the limited hability 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> MGR	<u>Name</u> George Rodriguez	Address 3081 NF 170th Street, Unit 43, North Minim Beach, 14, 33100	Type of Action
			= Add
			TRemove
			Telempe
			
			Remove
			TChange
			DAdd
			□Remove
			T)Change
			
			TChange
			□Add
			□Remove
			IIChnnge
			
			Remove
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	11/01/2021
Note:	ve date, if other than the date of filing:
e record rd is fil	I 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 ed.
	November 19. / 2021
Dated	Mago Rocher il

Exped or printed name of signee