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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TAIL ANASSEE FLORIDA

COVER LETTER

TO:	Registra Division			•	•		
SUBJEC		RDA'S L	AKE INVESTMENTS, LLC				
SUBJE	.li		Name of Lim	ited Liability Company			
			mendment and fee(s) are sub	-			
			LEONARDO FIGUEIREI) ()			
				Name of Person			
			SOLUTION ADVISING I	LC			
				Firm/Company			
			5728 MAJOR BLVD - SU	LLE 908			
				Address		. = . 21	
			ORLANDO - FLORIDA -	32819		2022 JUL I SECRETAI FALLAHAS	. i
			info(a,solutionadvising.com	City/State and Zip Code		TARY TARY	 !
			E-mail address: ()	o be used for future annual report notific	ration)		
For furth	er inform	ation cor	ncerning this matter, please co	ill:		ETATE LOND/	`
LEONA	RDO FIC	UEIREI)()	407 318-0058		Pr S	
		Name of I	Person	at ()Area Code Daytime '	Telephone Number		
Enclosed	l is a chec	k for the	following amount:				
■ \$25.0	00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
			G ADDRESS: ion Section	STREET/COURIE Registration Section			

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARDA'S LAKE INVESTMENTS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were tiled on $\frac{11/16/2021}{6}$ ____ and assigned Florida document number 1.21000493311 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: 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.

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00

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Filing Fee: \$25.00