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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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12/26/22--01010--027 **30.00

3/3/23 VIM SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C	Section orporations	•	•
AGR TE	AM OF INVESTORS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
	pondence concerning this matter	•	
	CARMEN MONTESDEC	OCA .	
		Name of Person	
	ALDANA & ASSOCIAT	ES	
		Firm/Company	
	133 Rollins Ave Ste 1		
		Address	
	Rockville, MD 20852		
		City/State and Zip Code	
	accounting@aldanas.com	to be used for future annual report notifi	outions
For further information	concerning this matter, please c	·	Callogy
CARMEN MONTESD		301 7704901	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sect	ion
_	Corporations	Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y Company as it now appears on our records Limited Liability Company)	<u>.) </u>
ompany were filed on 11/17/2021	and assigned
_	
ted liability company here:	
ted Liability Company," the designation "LLC"	
	2022 DEC
ESS)	
	20 PM I: 45
l office address on our records, <u>enter</u>	the name of the new registere
Enter Florida street address	v
	••
, F16	Zip Code
	ted liability company here: ted Liability Company," the designation "LLC" ESS) Enter Florida street address. File

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MATEO, GIOVANNI	14160 TURNER LOOP	□Add
		SPRING HILL, FL 34610	
			□Change
AMBR	GARCIA SESMAS, MARIA L	524 LANTERN CIRCLE	□Add
		TEMPLE TERRACE, FL 33617	≣Remove
			□Change
			□ Add
			[]Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove

_____ □Change

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				<u></u> .			
f an effective Note: If th	late, if other the e date is listed, the e date inserted in s effective date of	date must be spec n this block doe	ific and cannot be s not meet the a	prior to date of fill applicable statuto	ng or more than s	(optional) 00 days after filing.) I ements, this date w	Pursuant to 605.0207 ill not be listed as t
e record spe rd is filed.	ecifies a delayed	effective date, h	out not an effect	tive time, at 12:0	l a.m. on the ea	arlier of: (b) The	90th day after the
Dated		cember 1	<u>5 20</u>	authorized representation	f		
	·	Signatu	re of a member o	r authorized lepres	ditative of a mer	nber	

Filing Fee: \$25.00