Ployida Department of State

Division of Corporations

Electronic Effing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP

Account Number : I20060000145 Phone : (305)769-4936 Fax Number : (305)769-1844

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
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DEPARTMENT OF STATE

DIVISION OF CORP. STATE

DIVISION OF CORP. STATE

TALL AS SEE, STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J. MENDEZ INVESTMENT GROUP, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

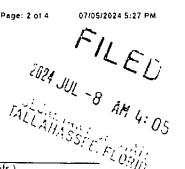
Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



	VESTMENT GROUP, LLC.	cords.)		
(<u>Name of the Limited Lie</u> (A Fle	ability Company as it now appears on our rec orida Limited Liability Company)	iords.)		
The Articles of Organization for this Limited Liabilit	ry Company were filed on 12/07/2021	and assigned		
Florida document number L21000514961	 '			
This amendment is submitted to amend the following	y.			
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 "l	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	DDRESS)			
	·			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, <u>en</u> <u>re</u> :	ter the name of the new registere		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	Florida Zip Code		
	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.

From: Jose Mendez*

Fax: 13057691844

To:

Fax: (850) 617-6383

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07/05/2024 5:27 PM

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
AMBR	LILIA MENDEZ	8815 NW 177 TER, MIAMI, FL 33018	□Add
			Remove
			Change
			🗆 Add
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Effective dat	c, if other than the	date of filing	:	07/05/2024		_ (optional)	
(If an effective d Note: If the o	ite is listed, the date must ate inserted in this blo fective date on the De	be specific and ak does not m	cannot be prior cet the applic	able statutory.	or more than 90 d filing requireme	avs after filing)	Pursuant to 605,0207 vill not be listed as a
he record speci ord is filed.	ĩes a delayed effective	date, but not	an effective t	me, at 12:01 a	.m. on the earlie	er of: (b) The	90th day after the
	JULY 05	h	2024				
Dated							

Typed or printed name of signee