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A. BUTLER SEP - 2 2022

## **COVER LETTER**

Division of Co						
SUBJECT:	1AF INVESTMO	WTS USA LCC				
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	MOHAMMAD ALI FARAZ					
		Name of Person				
	MAF 11	NUESTMENTS US	ALCC			
		Firm/Company				
	8403 FAST	1 COLONIAL DR	CIVE			
	SYON FAST COLONIAL DRIVE  Address  DRUMNDO, FL 32817  City/State and Zip Code  freddy antos 690 g mail com  II-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  HAMMAD ALI FAMMA  at (40), 561-0554  Area Code Daytime Telephone Number					
	ORL	MND0, FL 32817	L			
		City/State and Zip Code				
	fre do	lyantos 690 gmo	il com			
	E-mail address: (	to be used for future annual report not	fication)			
For further information	concerning this matter, please co	all:				
MOHAMMA	DALI FARAZ	W 407, 561-	UZ54			
Name	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for	the following amount:					
□ \$25.00 Filing Fee	•	Certified Copy	Certificate of Status & Certified Copy			
		Street Address:				
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAR INVESMONTS	USA 110	2 AM 9:35
(Name of the Limited Liability Compa (A Florida Limited I	USA CC  Inv as it now appears on our records.)  Liability Company)  TALLARS	OF STATE
The Articles of Organization for this Limited Liability Company Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A	
Maning undress MAT BE AT OST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:	N/A	<del></del>
New Registered Office Address:	Enter Florida street address	
	, Florida	IZip Code
	City	Zıp 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
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		DRIVE, ORLANDO,	□Remove
		FL 32817	🗆 Change
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D. If amo	ending any otl	her informatio	n, enter-chan	ge(s) her	e: (Attacl	h addition	al sheets, if n	ecessary.)	
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Note:	If the date inse	ner than the danged, the date must be reed in this block date on the Department.	does not meet	the applic	cable statut	iling or mon tory filing (	(op e than 90 days a requirements,	otional) fler filing.) Pursuant to this date will not be	o 605.0207 (3)(le listed as the
f the recor		layed effective d	ate, but not an e	effective ti	ime, at 12:	01 a.m. on	the earlier of:	(b) The 90th day	after the
Dated	9-	2 -	202	2	·				
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		/	gnature of a mem	ber or auth	6rized repre	esentative of	a member		
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Filing Fee: \$25.00