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2022 NOV -2 PM 2: 05 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO:

	Registration S Division of Co			
ensus.		restments LLC		
SUBJEC	::T:	Name of Limi	ned Liability Company	
The encl	losed Articles of	f Amendment and fee(s) are subt	mitted for filing.	
Please re	aturn all corresp	ondence concerning this matter	to the following:	
		Delmo C, Moura		
			Name of Person	
		Volare Investments LLC		
			Firm/Company	
		201201 East Country Club	Drive # 606	
			Address	
		Aventura FL 606		
			City State and Zip Code	
		delmomoura@gmail.com		<u> </u>
For furth	her information	concerning this matter, please co	to be used for future annual report not all:	arcanom
	C. Moura	•	786 7402300	
	Name	of Person	at ()	ne Telephone Number
Enclose	d is a check for	the following amount:		
	.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)
	Mailing Addr		Street Address:	
	Registration Division of	Section Corporations	Registration Se Division of Co	
	P O Box 63		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Volare Invest LLC		
(<u>Name of the</u> Limited Liability (A Florida	y Company as it now appears on our records.) Lumted Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/17/2021	and assigned
Florida document number L160002`2065	<u>_</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the	abbreviation CRETARY OF
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	主法 心
		Sag 3
		2: 05 F STAT EE, FL
Enter new mailing address, if applicable:		77 5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our records, enter the na	me of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Argent.		
New Registered Office Address:	Enter Florida street address	
	, Florida _	Ziu Ci. Li

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, enter the title, name, and address of each person—being added or removed from our records;

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR&MBR	Ivonea C. Moura	21201 East Country Road Drive apt 606	= Add
		Aventura FL 33180	[]Remove
			□Change
			□Add
			□Remove
			ElChange
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
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			□Change
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			□Remove
			□Change

Signature of a member authorized representative of a member				<u>,,,</u>		
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Filing Fee: \$25.00