K22000033466

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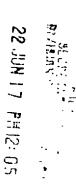




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09/19/22 -01012--003 **25.00

S. CHATHAM JUL - 8 2022



COVER LETTER

Division of C	orporations		
EARLY I SUBJECT:	NVESTMENTS LLC		
YOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	THOMAS FABBRICATO	PRE	
		Name of Person	
		Firm/Company	
		Address	
	1402 S DIXIIE HWY UN	IT 1213 LANTANA FL 33462	
	TOMFABB29@GMAIL.C	City/State and Zip Code OM	
	E-mail address: (to be used for future annual report noti-	fication)
For further information	concerning this matter, please c	all:	
THOMAS FABBRICA		561 7770814	e Telephone Number
Name	of Person	Area Code Daytim	e Telephone Number
	the following amount:		
S25.00 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)
			22.

Mailing Address:

TO:

Registration Section

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EARLY	INV	/EST	MEN	JTS.	11	C

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	(A Florida Limited)	Liability Company)			
The Articles of Organization for this Limited L Florida document number L22000033466	iability Company	were filed on <u>01-18-</u>	2022	_ and assigned	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the design	nation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:		THOMAS FABBRICATORE			
(Principal office address MUST BE A STREET ADDRESS)		guishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." THOMAS FABBRICATORE 1402 S DIXIE HWY UNIT 1213 LANTANA FL 33462 THOMAS FABBRICATORE 1402 S DIXIE HWY UNIT 1213 LANTANA FL 33462 THOMAS FABBRICATORE 1402 S DIXIE HWY UNIT 1213 LANTANA FL 33462 THOMAS FABBRICATORE 1402 S DIXIE HWY UNIT 1213 LANTANA FL 33462 THOMAS FABBRICATORE 1403 S DIXIE HWY UNIT 1213 LANTANA FL 33462 THOMAS FABBRICATORE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or ragent and/or the new registered office address.	registered office : ss here:	address on our recor			
Name of New Registered Agent:	THOMAS FAE	BBRICATORE			
New Registered Office Address:	1402 S DIXIE				
	Enter Florida street address				
	lantana		, Florida <u>3346</u> 2	2	
		City		Zip Code	
New Registered Agent's Signature, if changing It hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete istered agent as p registered office	performance of my provided for in Chap	duties, and I am fan oter 605, F.S. Or, if i	to comply with the tiliar with and this adeument is	

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>	Name	Address	Type of Action
AMBR	THOMAS FABBRICATORE	1402 S DIXIE HWY UNIT 1213 LANTANA FL	JAdd
		-33462	
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Effective date, i	fother than the date of :	filing:		(optional)	22
(If an effective date is Note: If the date	listed, the date must be specif inserted in this block does	ic and cannot be prior to conot meet the applicable	late of filing or more than e statutory filing requi	(90) days after filing.) Pur- rements, this date will	suant te 105.0207 not be 41sted:as
document's effect	ive date on the Department	t of State's records.			17
					H.
he record specifies ord is filed.	a delayed effective date, bu	it not an effective time	, at 12:01 a.m. on the o	earlier of: (b) The 90	
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Dated	3/2022		1 7		
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	Signature Signature	of a perper of authoriz	ed representative of a me	mber	
	Signature THOM	<u></u>	ed representative of a mo		

Filing Fee: \$25.00