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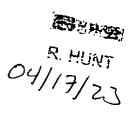
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
CUBICOT	FESMENT LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALDO M BARDALEZ CO	JCHAGNE	
		Name of Person	
	AMBC INVESTMENT LI	LC	
		Firm/Company	
	303 ALTAMONTE BAY	CLUB CIRCLE 206	
		Address	
	Altamonte Springs, Florida	32701	
		City/State and Zip Code	···
	aldohardalez@gmail.com		
	E-mail address: (to be used for future annual report	notification)
For further information c	oncerning this matter, please co	all:	
ALDO M BARDALEZ	COCHAGNE	407 6632043	
Name o	f Person	Area Code Day	rtime Telephone Number
Enclosed is a check for the	as following amount:		
	_	// A55.00 PW P 0	- 600 00 EV. F
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	is:	Street Address	<u>u</u>
Registration !	Section	Registration	Section
Division of C			Corporations
P.O. Box 632	. /	i ne Centre d	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

The Articles of Organization for this Limited L	iability Company were filed on $\frac{0}{2}$	1/18/2022 and assigned
Florida document number L22000034203	·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	of the limited liability company h	nere:
AMBC INVESTMENT LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
		Ps.)
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
		いた。 <u>のの m </u>
		19
		records, enter the name of the new registered
agent and/or the new registered office addre	ess nere:	E 7
Name of New Registered Agent:	ALDO M BARDALEZ COCHA	GNE
New Registered Office Address:		
	Enter Flo	orida street address
	Altamonte Springs	, Florida ³²⁷⁰¹
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I 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	per and complete performance of istered agent as provided for in registered office address, I here	Chapter 605, F.S. Or, if this document is
	() suith	uno ,
	If Changing Registered A	gent. Signature of New Registered Agent

Changing 1	itle: Ceo for Manager							
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						han 90 days a		
	inserted in this block ive date on the Depai				ory filing re	quirements,	this date wil	not be listed a
ord specifies	a delayed effective da	te, but not	an effective (ime, at 12:0	l a.m. on t	ne earlier of:	: (b) The 90)th day after the
s filed.	,						. ,	•
A =	3		2022		1			
ed April (7 	,	2023	<u> </u>	<i>T</i>)			
			/N	X	H			
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Filing Fee: \$25.00