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| (Requestor's Name) | |
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| (Address) | 70 |
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| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

| TO: Registration Se Division of Cor | | • | |
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| · /· | • | | , |
| SUBJECT: Lim | | 15/11C/11+5 LLC | <u></u> |
| | raine or Em | new Blabins, 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: | |
| | | | |
| | Zanedu | Name of Person | 205 |
| | | Name of Person | |
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| | | Firm/Company | |
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| | | Address / | |
| | Orlando, | F1. 32832 City/State and Zip Code | 1022 APR 19 |
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| | 11005190 | to be used for future annual report notifica | alcom 5 |
| | | | alion) , |
| For further information c | oncerning this matter, please c | all: | PK 12: |
| Ermodu | Limos | 17A7 E77 | -03/X 52 |
| Name o | f Person | at (<u>703</u>) <u>577</u> Area Code Daytime T | elephone Number |
| | | | |
| Enclosed is a check for th | ne following amount: | | |
| ☑ \$25.00 Filing Fee | | These on the trans | 7 A(0.00 B))) |
| ≥ 323.00 f milg Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | ☐ \$60.00 Filing Fee. Certificate of Status & |
| | | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) |
| | | | (and the state of |
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| Mailing Addres | | Street Address: | |
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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Limos Inves | stsments LLC | |
|---|--|--|
| (Name of the Limited Liab (A Flori | ility Company as it now appears on our record da Limited Liability Company) | (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c |
| The Articles of Organization for this Limited Liability | Company were filed on $0/-19-$ | 2022, and assigned |
| Florida document number <u>L2200003600</u> | <u>7</u> . | P |
| This amendment is submitted to amend the following: | | 2: 52 F. J. |
| A. If amending name, enter the new name of the li | mited liability company here: | • |
| Limos Invo | estments LLC | - - |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADL | DRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | red office address on our records, <u>enter</u> : | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | - |
| | Enter Florida street addre | SS |
| - | | orida |
| | 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.

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------|--------------|----------------|
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| lf an cff <u>Note:</u> | ive date, if other than the date of filing: |
| e recor rd is fil | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated | April 13 2022 |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00