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COVER LETTER

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SUBJECT:			ents LLC
The enclosed Articles of Ar	mendment and fee(s) are subt	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Mario	o D.Rivas	
		Name of Person	
	,	Firm/Company	
	11312 P	newood Core (<u> </u>
	Orlano	6, FL 328	17
	E-mail address: (1	City/State and Zip Code City/State and Zip Code City/State and Zip Code o be used for future annual report	na; J. com
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:			
Plario	Pivas	at (321) 3	18-4440
Name of F	Person	Area Code D	aytime Telephone Number
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status &
Mailing Address:		Street Addre	\$ <u>\$:</u>

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

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

SECRELARY OF SILVE

Real State Investments LLC SECRETARY (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number <u>L22000053924</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
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cffi <u>te:</u>	ive date, if other than the date of filing: 02/17/2022 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
i 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.
ed .	02/17 . 2022
	A A
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
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