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ONVISION OF CORTORALIONS
22 MAY 23 PM 12: 57

T. MATTHEWS JUL 22 2022

COVER LETTER

TO: Registration Sec Division of Corp			
	OUP INVESTMENTS LLC		
SUBJECT:	Name of Lim	ned Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	ROBERTO GONZALEZ		
		Name of Person	
	GONZALEZ & PARTNER	RS CPAS LLC	
		Firm/Company	
	3211 PONCE DE LEON E	BLVD STE 200	
		Address	
	CORAL GABLES, FL 33	34	
		City/State and Zip Code	
	rgonzalez@rgcpa.net		
	E-mail address: (to be used for future annual report n	otification)
For further information co	ncerning this matter, please c	all:	
ROBERTO GONZALEZ		305 447-8886	
Name of		Area Code Days	ime Telephone Number
Enclosed is a check for th	e following amount:		
■ \$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 euclosed
Mailing Address		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CORPORATION. OF

22 MAY 23 PM 12: 57

DONNA GROUP INVESTMENTS LLC

(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 Liability Company v	were tiled on 02/01/2022	and assigned
Florida document number 1.22000054212		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 a agent and/or the new registered office address here:	iddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s
	, Fig	orida Ziv 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LUIS E MORENO RANGEL	888 BRICKELL KAY DRIVE APT 1503	
		MIAMI, FL 33131 US	■Remove
			□Change
			□ Add
			□Remove
			🖽 Add
			□Remove
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			□Remove
			□Change
			□Add
			□ Remove
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If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
the record	I 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.
	FEBRUARY 14 2922
Dated	
	V // // // // // //
	Signature of a member of authorized representative of a member
	Juan Citoreno Rangel
	Typed or printed name of signed

Filing Fee: \$25.00.