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TO: Registration Section Division of Corporations

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SUBJECT:	Vaija	Investments	LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

Ra	sheed	OL	aboyest
	Name of Person		
	Fire	n/Company	
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		Address	
Jall	ahasse	FZ ;	32304
·	City/Sta	te and Zip Co	de
paija E-mail	address: (to be used)	or future ann	al report notification)
For further information concerning this matter.	please call:		
~	-		
	at	()	
Name of Person		Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

🗇 \$25.00 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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	
	, 2022 AUG 19 PH 3: 20
(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 were filed on <u>2</u> Feb 200 Florida document number $\angle 2^200095023$ This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company here</u> :	<mark>ζ∠</mark> and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a Enter new principal offices address, if applicable:	bbreviation "L.L.C."
(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, <u>enter the nan</u> agent and/or the new registered office address here:	ne of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
. Florida	
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 mercly 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

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Title	Name	Address	Type of Action
MGR	Emmonuel Kulkpu	1031 NW 202 St	CAdd
		miami FL, 33169	
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ive date, if other than the date of filing:	(ontional)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated <u>AVY</u>	19,		·· ·· ·
·		A	\bigcirc
		Signature of a membe	er or authorized representative of a member
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		Турс	d or printed name of signee