

L22000130213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

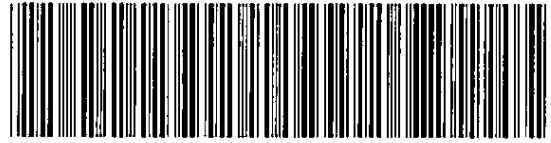
(Business Entity Name)

(Document Number)

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11/15/23

SEC. OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVESTMENT GDH LLC
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:

EDGAR VILLEGAS
Name of Person
LUYED BOOK AND TAX LLC
Firm/Company
3903 S MASON RD APT 416
Address
KATY TX 77450
City/State and Zip Code
villegas.edgar@luyed-bat.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDGAR VILLEGAS
at (281) 406-6119
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- Options for filing fees: \$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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INVESTMENT GDH 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 were filed on 03/15/2022 and assigned Florida document number L22000130213.

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:

7450 SW 42ND ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33155-4403

Enter new mailing address, if applicable:

7450 SW 42ND ST

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33155-4403

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:

7450 SW 42ND ST

Enter Florida street address

MIAMI

City

Florida 33155-4403

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	OC GROUP INTERNATIONAL L	4468 NW 74TH AVE MIAMI, FL. 33166 FL.	<input type="checkbox"/> Add
		MIAMI FL. 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	QUICK SOLUTIONS RL INC	10520 NW 74TH ST STE 308	<input type="checkbox"/> Add
		MEDLEY FL. 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIS A RODRIGUEZ MEDINA	10520 NW 74TH ST STE 308	<input type="checkbox"/> Add
		MEDLEY FL. 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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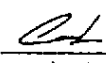
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: 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 OCTOBER 25TH 2023



Signature of a member or authorized representative of a member

CARLOS A LEON MANAURE

Typed or printed name of signee