## Laa0001131a

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
LODNE
J. HORNE
JUN 2 3 2022
<del> </del>

Office Use Only

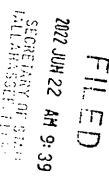


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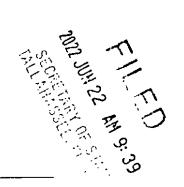


## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

<del>`</del>				
Rexa Investments LL	.C			
				Art of Inc. File
	<del></del>			LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitions Name File
				Trade/Service Mark
			<del></del>	Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
			· · · · · · · · · · · · · · · · · · ·	Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
		į		Corp Record Search
				Officer Search
				Fictitious Search
Signature			ļ	Fictitious Owner Search
				Vehicle Search
		<b></b>		Driving Record
Requested by: SETH	06/22/22			UCC 1 or 3 File
Name	Date	Time		UCC II Search
				UCC 11 Retrieval
Walk-In Thomselve GA Acto	Will Pick Up			Courier

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



REXA	INVESTMENTS LLC	•	
(Name of the Limited Limbility (A Florida Li	Company as it now app imited Liability Compan	enrs on our records.)	<u></u>
The Articles of Organization for this Limited Liability Con	npany were filed on	April 26, 2022	and assigned
Florida document number L22000171312			
This amendment is submitted to amend the following:		- '"	
A. If amending name, enter the new name of the limited	d liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited	d Liability Company," th	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida 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 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

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
MGR	Ricardo Estefan Martinez	c/o: 1390 Brickell Avenue	
		Suite 200	■ Remove
		Miami, Florida 33131	☐ Change
MGR	Ricardo Estefan Colin	c/o: 1390 Brickell Avenue	<b>⊟</b> Add
		Suite 200	□ Remove
		Miami, Florida 33131	□ Change
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ffective date, if other than the an effective date is listed, the date mu lote: If the date inserted in this b ocument's effective date on the I	e date of filing:	ant to 605.020 of be listed a
e record specifies a delaye The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the	e e <b>a</b> rlier o
ated June 15	. 2022	
-	Signature of a member or authorized representative of a member	<del></del>
	Ricardo Estefan Colin	