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COVER LETTER

TO:

TO: Registration Se Division of Cor			
ello lecer	RENATA SOFIA FLORID	A PROPERTY INVESTMENTS LLC	
SUBJECT:	Name of ! im	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON,TX 77064		
	EFILE1234@INCFILE.CO		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notification)	
LOVETTE DOBSON		1 888-462-3453	
Name (of Person	at () Area Code Daytime Telephone	Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of Tallahasse 2415 N. Monroe Street, S	

Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

RENATA SOFIA FLORIDA	PROPERTY INVESTMENT	rs2022:MAY 31	PM 4: 43
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our d Liability Company)	records.) SEURETARY TALLAHAS	OF STATE SSEE.FL
The Articles of Organization for this Limited Liability Compar	iy were filed on <u>04/11/2022</u>		_ and assigned
Florida document number 1.22000172912			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbre	viation "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 agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, g	enter the name o	of the new registere
New Registered Office Address:			7.7
	Enter Florida street		
	City	Florida	25.0.1.
New Registered Agent's Signature, if changing Registered Agen			г.и Соле
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	gree to act in this capacity te performance of my duti s provided for in Chapter	es, and I am fan 605, F.S. Or, if	niliar with and this document is

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>	Name	Address	Type of Action
AMBR	RENEE PATRICIA CABRERO DE SAFIEH	1150 NW 72ND AVE TOWER I STE 455 #6401	□Add
		MIAMI, FL 33126	■Remove
			□Add
			□Remove
			□Change
			🗆 Add
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ective date, if other than the effective date is listed, the date in	e date of filing:	at ha nei se to do	ta at tilina as m	(opt	ional)	405 031
te: If the date inserted in this b	lock does not meet th	ie applicable	statutory filing	g requirements, th	is date will no	ot be listed a
ument's effective date on the I	repartment of State's	records.				
cord specifies a delayed effecti	ve date, hut not an ef	fective time	nt 12:01 a.m. <i>i</i>	on the earlier of: (h) The Ofth	day aftar th
s filed.	or date, but not the cr	rective time,	12.01 11.111. (st the carner of , ((i) The rolls	day arter in
MAY 2d	203	,,				
ed MAY 24		·				
O =0 \	at a	1.11	01.			
C VOLYY	Signature of a member	$\sim 100 \mathrm{G}$. 2611 1)		