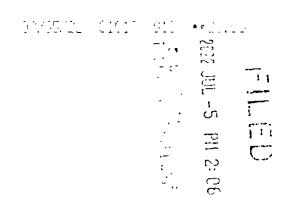
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COVER LETTER

	ration Sect on of Corpo					
	ENERAL I	NVESMENTS P&G LLC				
SUBJECT:		Name of Lim	ted Liability Company			
The enclosed Ar	rticles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return all	correspond	dence concerning this matter	to the following:			
		DUBIAN J. PARRA GAR	CIA			
			Name of Person			
			Firm/Company			
		9687 HOLLYHILL DR			223	
			Address		ري ري	
		ORLANDO, FL 32824				-
			City/State and Zip Code	·	: S	įT:
		INFO@LASAMERICASM			<u> </u>	
		E-mail address: ()	o be used for future annual report no	otification)	PN 2: 06	
For further infor	rmation cor	icerning this matter, please co	ill:		in the	
DUBIAN J. PA	RRA GAR	CIA	407 953-5535			
	Name of I	³ erson	at () Area Code — Dayti	me Telephone Number		
Enclosed is a ch	ieck for the	following amount:				
■ \$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	g Address: tration Se		Street Address: Registration S	ection		
_		rporations	Division of Co	orporations		
P.O. F	3ox 6327		The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENERAL INVESMENTS P&G LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000262204	y were filed on $\frac{06-08}{}$	3-2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	<u>pility company here</u>	2:	
GENERAL INVESTMENTS P&G LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desi	gnation "LLC" or the abbres	riation "L.L.C."
Enter new principal offices address, if applicable:	N/A		1/3
(Principal office address MUST BE A STREET ADDRESS)		. 6	6 j
		,	7.
Enter new mailing address, if applicable:	N/A	•	- Ti
(Mailing address M.4Y BE A POST OFFICE BOX)	•		<u> </u>
		٠.	0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name of</u>	the new register
Name of New Registered Agent: N/A			·
New Registered Office Address:			
	Enter Floride	i street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

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. Thereby 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>	Name	Address	Type of Action
			□Add
			☐ Change
	-w		L_Add
			Remove
			Change FAdd
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•			□Add
			□Remove
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ective date, if other than the effective date is listed, the date me	e date of filing:	or to date of filing or mo	optional (optional) u) Purcuent to 605.0."
e: If the date inserted in this bument's effective date on the I	lock does not meet the appl	icable statutory filing	requirements, this dat	e will not be listed
ument's effective date on the i	repartment of state's record	is.		
cord specifies a delayed effecti s filed.	ve date, but not an effective	time, at 12:01 a.m. o	the earlier of: (b) T	he 90th day after th
ed	. 2022	<i>.</i>		
•	Signature of a member or atti			
		~ ~		

Filing Fee: \$25.00