11/22/24, 2:01 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000388584 3)))



H240003885843ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I2000000083

Phone

: (305)932-6262

Fax Number

: (305)933-9393

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: into a subdawfirm. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POZO IZQUIERDO INVESTMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMIEUX

NOV 2 5 2024

Help

Electronic Filing Menu

Corporate Filing Menu

H2400 388 584 3

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

POZO IZQUIERDO INVESTMENT, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on O6 Florida document number L22000268625	1/14/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>rc</u> :
The new name must be distinguishable and end with the words "Limited Liability Company," the o	tesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if appticable:	22
(Mailing oddress MAY BE A POST OFFICE BOX)	2 2
	2 2
B. If amending the registered agent and/or registered office address on	五.22
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the ne
Name of New Registered Agent:	2000 000 000 000 000 000 000 000 000 00
•	7, 0
New Registered Office Address: Enter Flori	da street uddress
	. Florida
<u> </u>	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 c provisions of all statutes relative to the proper and complete performance of a accept the obligations of my position as registered agent as provided for in Cl being filed to merely reflect a change in the registered office address, I hereb company has been notified in writing of this change.	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is
If Changing Registered Are	mt, Signature of New Registered Agent

Page I of 3

MGR= ! AMBR= .	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			D Add
			. □ Remove
			C Add
			□ Remove
			Add
			□ Remove
			□ Add
			☐ Remove
			□ Add
			□ Remove
			
			☐ Remove

	/ontional
ffective date, if other than the date of filing:	(optional) and cannot be more than 90 days after
ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
ne effective data must be specific, cannot be prior to date of receipt or filed date the date this decument is filed by the Florida Department of State) November 20th 2 2024	(optional) and cannot be more than 90 days after
he effective date must be specific, cannot be prior to date of receipt or filed date he date this decument is filed by the Florida Department of State)	(optional) and cumot be more than 90 days after

Page 3 of 3