## L22006296713

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ecial Instructions to F	Filing Officer:	
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## **COVER LETTER**

Registration Section Division of Corporations

	STIMENT LLC		
DJFX, I.	Name of Lim	ited Liability Company	
; enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ase return all correspo	ndence concerning this matter	to the following:	
	FRANCY J NINO		
		Name of Person	
	ASSETS LEADER LLC		
		Firm/Company	
	17180 ROYAL PALM BL	VD STE 3	
		Address	
	WESTON, FL 33326		
		City/State and Zip Code	
	INFO@ ASSETSLEADER.		
	E-mail address: (	to be used for future annual report notif	ication)
r further information e	oncerning this matter, please of	all:	
UANCY I NINO		at ()	
Name o	f Person	Area Code Daytime	Telephone Number
closed is a check for th	te following amount:		
§ \$25,00 Filing Fee	[1] \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CA2 INVESTIMENT LLC

( <u>Name of the Limited Lia</u> (A Fk	ability Company as it now appears on our records.)  orida Limited Liability Company)	
2 Articles of Organization for this Limited Liabilit rida document number 1.22000296713		and assigned
is amendment is submitted to amend the following		
If amending name, enter the new name of the l	limited liability company here:	
A2 INVESTMENT LLC		
new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
ter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET AD	DDRESS)	
		<del></del>
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX		
If amending the registered agent and/or registeent and/or the new registered office address her		e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Flori	da
w Registered Agent's Signature, if changing Regist	·	7.ηr Coue
ereby accept the appointment as registered age ovisions of all statutes relative to the proper an cept the obligations of my position as registered ing filed to merely reflect a change in the registery inpany has been notified in writing of this change.	ent and agree to act in this capacity. I furth ad complete performance of my duties, and d agent as provided for in Chapter 605, F., tered office address, I hereby confirm that	I am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of N	ew Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

R = Manager

1BR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
iR	JUAN CAVAL BCL INVESTMENTS LLC	17180 ROYAL PALM BLVD STE 3	■Add
		WESTON, FI. 33326	□Remove
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tive date, if other than the date of fill fective date is listed, the date must be specific;	ing:			(optional	)
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nent's effective date on the Department o					
rd specifies a delayed effective date, but n fled.	iot an effective	time, at 12:01	a.m. on the ea	rlier of: (Þ) - T	he 90th day after th
JUNE 22ND	2022				
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JUNE 22ND  Signature of		V			
Signature of	a member or aut	horized represen	ntative of a men	nher	
		`			

Filing Fee: \$25.00