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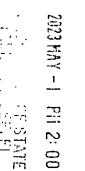
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations			
	ESTMENTS LATAM LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub ondence concerning this matter			
	Alvaro Vega Aguilera			
		Name of Person		
		Firm/Company		
	9936 SW 16th STREET			
	PEMBROKE PINES, FL	Address 33025		2023 F
	bigdaddychile@aol.com	City/State and Zip Code		2023 HAY -1 PH 2: 00
	E-mail address: (	to be used for future annual report notif	ication)	
	concerning this matter, please c			1 PAT
Alvaro Vega Aguilera		786 2532129 at () Area Code Daytim		
Name	of Person	Area Code - Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addre Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V%S INVESTMENTS LATAM LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L220000306425</u> .	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	ne abbreviation: L.C."
Enter new principal offices address, if applicable:	9936 SW 16TH STREET	
Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES FL 33025	
	<del> </del>	- : · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	9936 SW 16TH STREET	H 2:1
Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINES FL 33025	DI ITE
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the n</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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
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ctive date, if other than the date of t	filing:		(opt	tional)
effective date is listed, the date must be specifi	ic and cannot be pric		more than 90 days aft	er filing.) Pursuant to 605.0
<ul> <li>e: If the date inserted in this block does in ament's effective date on the Department</li> </ul>			ng requirements, ti	ns date will not be listed
ord specifies a delayed effective date, bu	it not an effective	time, at 12:01 a.m	on the earlier of: (	(b) The 90th day after t
filed.				
, APRIL 27	2022			2023
ed Arkii. 27	2023	<u> </u>		
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Filing Fee: \$25.00

Typed or printed name of signee