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2022 SEP 15 PH 1: 30 SECRETARY OF STATE TALLAHASSEE, FI

COVER LETTER

SUBJECT: Flor	Name of Limited Liability Company
Γhe enclosed Articles of Ar	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	Maria Bustos Name of Person
	Floreal Investments LLC
	Firm/Company
	1500 NE MIAMI PL APT 2705
	Address
	Mium, FL 33132 City/State and Zip Code
	Florewinvestments Le & Mail Com E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
MW16 Name of P	BU (70) at (786) 782-1879 Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:
□ \$25.00 Filing Fee	▼ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:

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

Registration Section

Division of Corporations

Γ**O**:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Floreal Investments L	-C		
(Name of the Limited Liability Compan- (A Florida Limited Liability Compan-	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L220030 8513</u> .	vere filed on 07/11/2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
			_
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	breviation "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)			
Maning must ss Will BE II v GS1 G1 11 CE BOIL			_
			_
3. If amending the registered agent and/or registered office ad	ldress on our records, <u>enter the nam</u>	e of the new regis	tered
gent and/or the new registered office address here:		SEF ALL	1
Name of New Registered Agent:		P 15 PH TARY OF AHASSEI	7-2 T
•		PA PA PSSE	111
New Registered Office Address:	Enter Florida street address		Ü
	, Florida	TATE FL	
		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.

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

AGR =. Manager AMBR = Authorized Member

<u> Fitle</u>	Name	Address	Type of Action
AMBR	Teresita Vivero	1500NE MIAMI PL APT 270	<u>S</u> , M Add
		Miani, Fl 33132	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change

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Effective date, if other than the date of filing: (optional)	. (05.0207.)
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day rd is filed.	after the
Dated September 12 2002	
Signature of a member or authorized representative of a member	_

Typed or printed name of signee