

L22000309553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

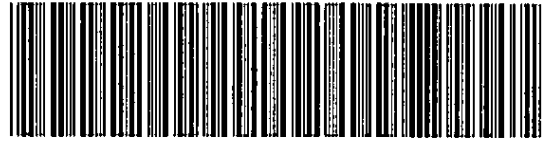
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INVESTMENTS G.E. LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEOVANNY GARCIA MARTINEZ

\_\_\_\_\_  
Name of Person

INVESTMENTS G.E. LLC

\_\_\_\_\_  
Firm/Company

CRA 60 #37-30 URBANIZACION GUALANDAY.

\_\_\_\_\_  
Address

RIONEGRO, AN 05404-0 CO

\_\_\_\_\_  
City/State and Zip Code

TAXES@DIVERSIFIEDTAX.US

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

GEOVANNY GARCIA MARTINEZ

786 527-5133

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

## INVESTMENTS G.E. LLC

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	PATRICIA PATRICIA ECHEVER <b>R1</b>	CRA 60 #37-30 URBANIZACION GUALANDAY	<input type="checkbox"/> Add
		RIONEGRO, AN 05404-0 CO	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CLAUDIA PATRICIA ECHEVER <b>R1</b>	CRA 60 #37-30 URBANIZACION GUALANDAY	<input checked="" type="checkbox"/> Add
		RIONEGRO, AN 05404-0 CO	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE  
TAMM ASSISTANT  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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(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 605.0207 (3)(b)

Dated AUGUST 3 2022

  
Signature of a member or authorized representative of a member

GEOVANNY GARCIA MARTINEZ

Typed or printed name of signee

**Filing Fee: \$25.00**

August 4, 2022

To Whom It May Concern:

My name is Geovanny Garcia Martinez, Member of Investments G.E. LLC. I am issuing this amendment to correct a member's name from **PATRICIA PATRICIA ECHEVERRI** to **CLAUDIA PATRICIA ECHEVERRI**. Seems that there was an error on the initial filing.

Best regards,