L22000413206

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R. HUNT

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TO:

Registration Section

Division of	Corporations					
	u Investements LLC					
SUBJECT:	Name of Lin	nited Liability Company				
	es of Amendment and fee(s) are sub					
Please return all corr	respondence concerning this matter	to the following:				
	Rene Mendoza			?		
		Name of Person	·	J. J. J.		
	Regaclu Investements LL0	C		7		
		Firm/Company				
	3177 Riverside Drive # C-	-104	m m Po	E O		
		Address		AH 7: 59		
	Coral Springs, FL 33065					
		City/State and Zip Code				
	renemen01@gmail.com	(to be used for future annual report noti	fication)			
For further informat	ion concerning this matter, please of		,			
Rene Mendoza		754 245-5009				
Na	ame of Person		e Telephone Number			
Enclosed is a check	for the following amount:					
■ \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Cop	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)		
Division P.O. Box	ion Section of Corporations	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Torida document number L22000413206 This amendment is submitted to amend the following:		ssigned
The Articles of Organization for this Limited Liability Company were filed on 09-21-2022 Florida document number L22000413206 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:	2 and as	ssigned
'his amendment is submitted to amend the following:		
If amonding name, enter the new name of the limited lightlity company here:		
1. If amending name, enter the new hame of the minico having company here.		
Regaclu Investments LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "I	L.L.C."
Enter new principal offices address, if applicable:	~	
• •	B/2	_
Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	- <u> </u>
	587 7.00 7.00 1.00 1.00 1.00 1.00 1.00 1.0	1 6
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)	7: 5 [AI 5	
	- F 15 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
B. If amending the registered agent and/or registered office address on our records, agent and/or the new registered office address here:	enter the name of the ne	ew reg
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street	t address	
City	, 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.

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ective date, if other than the date offective date is listed, the date must be te: If the date inserted in this block current's effective date on the Department.	specific and cannot be p does not meet the app	olicable statutory i	or more than 90 days after	er filing.) Pur	suant to not be	605.020 listed a
ecord specifies a delayed effective da is filed.	ite, but not an effectiv	e time, at 12:01 a	m. on the earlier of: (b) The 90	th day :	after the
October 11	2022					
	nature of a member or a	ush resigned assessment	dive of a member	~		-