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(Address)	
(City/State/Zip/Phone #)	12/03/2201007
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(Business Entity Name)	
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COVER LETTER

TO: Registration Division of	on Section Corporations		
LELEC SUBJECT:	COR INVESTMENT SOLUTI	ONS LLC	
	Name of	Limited Liability Company	
		, ,	
The enclosed Articles	s of Amendment and fee(s) are	submitted for filing	
Please return all corre	espondence concerning this ma	tter to the following:	
	<i>y</i>	wer to the following:	
	NORMA A SUSANA	DE BURGOS	
		Name of Person	
	LELECOR INVESTME	ENT SOLUTIONS LLC	
		Firm/Company	
	216 BILBAO ST		
		Address	
	ROYAL PALM BEACH	I. FLORIDA 33411	
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report no	Ufication)
For further information	concerning this matter, please	call;	
NORMA A SUSANA [DE BURGOS	561 222-0738	
Name	of Person	at ()	
		Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$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 Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section Orporations 7	Street Address: Registration Sec Division of Corr The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LELECOR INVESTMENT SO	DLUTIONS LLC			
(Name of the	Limited Liability Con (A Florida Limite	pany as it now appe	ars on our records.)	
The Articles of Organization for this time.				
The Articles of Organization for this Limite Florida document number L22000487525	ca Liability Compai	ny were filed on $\frac{N}{2}$	OVEMBER 14,2022	and assigned
This amendment is submitted to amend the	following			
A. If amending name, enter the new name		hility gomes		
SELECTR INVESTMENT SOLUTIONS LLC	•			
The new name must be distinguishable and contain to	he words "Limited Liab	oility Company " -2		
Enter new principal offices address, if app	olicable:	N/A	lesignation "LLC" or the ab	breviation "L.L.C."
(Principal office address MUST BE A STR	EET ADDRESS			() N
				2022 (SEC)
Enter new mailing address, if applicable:		N/A		HAS VSV
(Mailing address MAY BE A POST OFFIC	E BOX)			
				12 = C
D to				·
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office a	ddress on our re	cords, enter the name	of the new register
Servered office addr	ess nere:			or the new register
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florid	a street address	
	N/A		Florida ^{N/A}	
New Registered Against Co		City		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.

in amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added AMBR = Authorized Maraban

	Authorized Member			and address of each new
<u>Title</u>				and address of each person being
N/A	Name			
	N/A		Address	
			N/A	T
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Filing Fee: \$25.00