5/8/23, 2:07 PM

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000171376 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

★Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

11	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVESTMENT CCL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

KRY 0 9 2023 K. Brumbi#y

ARTICLES OF AMENDMENT TO⁴ ARTICLES OF ORGANIZATION OF

INVESTMENT CCL LLC			•	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L22000518277</u>	were filed on 12/09/2022		and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	"Li.C" or the abb	revistion "L.I	C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new malling address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			·-	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>c</u>	nter the name	of the new	<u>registered</u>
				202
Name of New Registered Agent:				202311
				:
New Registered Office Address:	Enter Florida street o	nddress		
		Marta.		PH
	Clty	_, Florids	Zip Code	<u>ं</u>
New Registered Agent's Signature, if changing Registered Agent:				 ဟ မ
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complate p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my dutie ovided for in Chapter t	es, and I am fa 505, F.S. Or, ij	miliar with this docu	y with the and nent is

If Changing Registered Agent, Signature of New Registered Agent

To:

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

Title	<u>Name</u>	Address	Type of Action
MOR	NORMA M. CASTANEDA PITA	1671 SW 122 CT	∄ Add
		# E-104	□Remove
		MIAMI, FL. 33175	□Change
			, □Add
			☐Remove
			□Change
			□Add
			□Remove
			[]Add
			□Remove
		••••	☐ Change
			□Remove
			Change
			- UAdd
			□ Remove
			1123

<u>iote:</u> If i	date, if other than the date of filing: (optional) ive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed its effective date on the Department of State's records.
record spliced.	pecifies a delayed effective date, but not an effective time, at 12:01 u.m. on the earlier of: (b) The 90th day after the
ated	,,
	,
	Signature of a member or audiorized representative of a member
	and the second s
	CLAUDIO G. CARRASCO LOBOS

Filing Fee: \$25.00