L22000522401

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COVER LETTER

TO:

TO: Registration 5 Division of Co				
CLIDADAYE	Investment, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Jose Javier Rodriguez JR			
		Name of Person	1,	
	Rodriguez Investment, LL	C		
	 	Firm/Company		
	7826 Lillwill Ave.			
		Address		. [5]
	Orlando, FL 32809			: 3
	jayrod36.jr@gmail.com	City/State and Zip Code		. : 53 57
	E-mail address: (to be used for future annual report notif	fication)	
For further information	concerning this matter, please c	all:		
Jose Javier Rodriguez .	IR	407 692-6302 at ()		~!
Name	of Person	Area Code Daytim	e 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 F Certificate of \$ Certified Copy (additional copy is	Status &
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rodriguez Investment, LLC			
(Name of the Lim	ted Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited I	Liability Company	y were filed on 12/13/2022	and assigned
Florida document number 1.22000522401	<u> </u>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lial	oility company here:	
J.R. Investment Properties, LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	(BOX)		
			<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addro	registered office ess here:	address on our records, enter t	
and the new regioners of the many	too nere		 D3
Name of New Registered Agent:	N/A		:]
New Registered Office Address:	N/A	,	•••
is its is a second of the remarks.		Enter Florida street address	
		. Flo	rida
		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.

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>	Address	Type of Action
		N/A 	□ Add
		 	□Change
			Remove
			Change
			□Add '≒?
			Remove
			Change
			—— □Add
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N/A				
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ativa data if athor than the	12/13/2022		(
ctive date, if other than the effective date is listed, the date must	t be specific and cannot be prior t			
If the date inserted in this bloment's effective date on the De		ble statutory filing requir	ements, this date will	not be listed
ord specifies a delayed effective	e date, but not an effective tir	ne, at 12:01 a.m. on the ea	arlier of: (b) The 90	th day after t
filed.				
d January 13	2023	/		
	 ·		/	
<u> </u>	1 - 0 1	7		

Typed or printed name of signee