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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CG TAX, INC.

Account Number : I19990000017

: (305)485-9300

Fax Number

: (305)485-1098

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVESTMENTS ALMECIGA, LLC.

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JAN 18 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTMENTS ALMECIGA, LLC.

(Name of the Lim	ited Liability Comp: (A Florida Limited	iny as <mark>it now appears on our recore</mark> Liability Company)	<u>iş.</u>)		
The Articles of Organization for this Limited I	Liability Company	were filed on 01/01/2023		and ass	igned
Florida document number L2200052-009					,
This amendment is submitted to amend the fol	lowing:				,
A. If amending name, enter the new name of	of the limited ijah	ility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liab	lity Company," the designation "LLC	" or the abbr	eviation "L.	L.C."
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STREE	ET ADDRESS)				
					
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	BON)			_	/
	-				
B. If amending the registered agent and/or agent and/or the new registered office addressed agent and/or the new Registered Agent:		address on our records, <u>enter</u>	the name	20:	v registe
Delivered Office Address.		•	•	<u>د_</u>	v register
New Registered Office Address:		wing: the limited Hability company here: ords "Limited Liability Company." the designation "LLC" or the abbreviation "L.L. thle: N/A N/A N/A SON) gistered office address on our records, enter the name of the new shere: N/A Enter Florida street address Florida City egistered Agent: It agent and agree to act in this capacity. I further agree to complete and complete performance of my duties, and I am familiar with street agent as provided for in Chapter 605, F.S. Or, if this document agistered office address, I hereby confirm that the limited liability agistered office address, I hereby confirm that the limited liability	-		
:		. F I	orida	7	Ē
		,,		Zip Code	ر /
New Registered Agent's Signature, if changing	Registered Agent:		ψ.	$\ddot{\sim}$	
provisions of all statutes relative to the propaction as reg	per and complete istered agent as p registered office	performance of my duties, as provided for in Chapter 605,	nd I am far F.S. Or, if	e to com p niliar wit this docu	h and ment is
	• · ·		f Non- Baria	tored Agent	

If amending Authorized Person(s) —thorized to manage, enter the title, name, an. 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
MGR	LIBARDO, ALMECIGA	225 NE 23RD ST APT #609	≅ Add
		MIAMI, FL 33137	□Remove
	3 m²	<u> </u>	©Change
			CRemove
			Change
			□Add
		·	□Remove
			□Change
			
			□Remove
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is filed.	N/A							
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CLAUDIA, LAVERDE CHURCH CHEROLE -) .	2023		1 ,			
Signature of a member or authorized representative of a member	ed JANUARY 19	····		 ·	, j			
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