123000006089

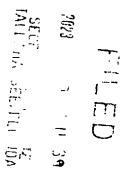
(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nar	me)				
(Do	cument Number)					
Certified Copies	Certificates	s of Status				
Special Instructions to	Filing Officer:					

Office Use Only



100401430581

01/30/23--01009--014 **25.00



COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

ARISTOTLE INVESTMENTS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michel Diaz Name of Person Firm/Company 5336 Sanders Rd Address Jacksonville/FL 32277 City/State and Zip Code aristotleinvestments384@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michel Diaz Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **■** \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARISTOTLE INVESTMENTS LLC			
(Name of the Limite	d Liability Compa (A Florida Limited I	ny as it now appears on our rec liability Company)	:ords,)
The Articles of Organization for this Limited Li	ability Company	were filed on $\frac{01/03/2023}{}$	and assigned
Florida document number L23000006089	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
he new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	5336 Sanders Rd	
Principal office address MUST BE A STREE		Jacksonville, FL 32277	7.0 PB
Timesput Office data ess. 12001 BETTOTREE	. 110011000		<u> </u>
			<u> </u>
Enter new mailing address, if applicable:		5336 Sanders Rd	, 1
Mailing address MAY BE A POST OFFICE	BOX)	Jacksonville, FL 32277	
			
			و کین
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>en</u>	ter the name of the new register
	5336 Sanders R	5.4	
New Registered Office Address:	2220 Sanders R	Enter Florida street aa	Idress
	Jacksonville	• •	, Florida ³²²⁷⁷
		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
AMBR	Michel Diaz	5336 Sanders Rd	= Add
		Jacksonville, FL 32277	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			Add Add
			The section of the se
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

		mending is the	Authorized Per	son(s) Detail to	just add Michel	Diaz.	<u>.</u>		
								 -	_
									<u> </u>
									_
									_
-					• • • • • • • • • • • • • • • • • • •		·		
			<u> </u>					_	_
		- 							
					·· · · · · · · · · · · · · · · · · ·				_
-									_
	_				<u> </u>	-			_
							<u>.</u>		_
	_								_
									
									— j
									
			<u> </u>						
	e date, if other tl	date must be specin this block doe	cific and cannot b es not meet the	e pri or to date of f applicable statut	iling or more than sory filing require	(option) O days after firements, this o	iling.) Pursu	ant to 6 ot be 1	505.020 isted a
an effect ote: If	tive date is listed, the the date inserted in it's effective date of			corus.					
an effect ote: If ocumen record s	the date inserted in a seffective date of the	on the Departme			01 a.m. on the ea	arlier of: (b)	The 90th	day a	fter the
an effect ote: If ocument record s	the date inserted in a seffective date of the	on the Departme			01 a.m. on the ea	arlier of: (b)	The 90th		fter the
an effect ote: If ocumen record s	the date inserted in a seffective date of the	on the Departme			01 a.m. on the ea	arlier of: (b)	The 90th	day al	fter the
an effect ote: If ocumen record s is filed	the date inserted in a seffective date of the	on the Departme			01 a.m. on the ea	arlier of: (b)	The 90th		fter the
an effect ote: If ocumen record s is filed	the date inserted in a seffective date of the	on the Departme			01 a.m. on the ea	arlier of: (b)	SECTION	2023	fter the
an effect ote: If ocumen record s is filed	the date inserted in a seffective date of the	en the Departme	but not an effec	etive time, at 12:			The 90th		
an effect ote: If ocumen record s is filed	the date inserted in a seffective date of the	en the Departme	but not an effec	etive time, at 12:	01 a.m. on the ea		SECTION	2023	fter the