# C32000093389

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

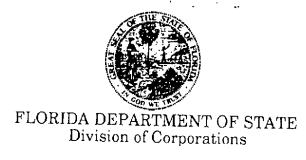




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December 13, 2023

JORGE ALEJANDRO FERNANDEZ 3105 NW 107TH AVE SUITE 426 DORAL, FL 33172

SUBJECT: GREAT WORK INVESTMENTS, LLC

Ref. Number: L23000092389

We have received your document for GREAT WORK INVESTMENTS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

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Letter Number: 223A00028407

# COVER LETTER

то:	Registration Se Division of Cor			
~		k Investments, LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	, <del></del>
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Jorge Alejandro Fernandez	2	
			Name of Person	
		Hispanicvision Internation	al Corp.	
			Firm/Company	
		3105 NW 107th Ave. Suite	e 426	
			Address	
		Doral, FL 33172		
			City/State and Zip Code	
		jorgefernandez@hispanicin		· · · · · · · · · · · · · · · · · · ·
For furth	ner information c	encerning this matter, please concerning	to be used for future annual report noti all:	neation)
Jorge A	Fernandez		786 768-4775 at ( )	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for t	he following amount:		· .
□ <b>\$</b> 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee,  Certificate of Status &  Certified Copy  (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Great Work Investments, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000092389</u> .	were filed on 02/21/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3623 Weatherfield Dr.
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34746
Enter new mailing address, if applicable:	3623 Weatherfield Dr.
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34746
	:
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the name of the new registor</u> .
agent and/or the new registered office address here:	:
NCN D. ' 14	1
Name of New Registered Agent:	
New Registered Office Address:	( )
	Enter Florida street address
	, Florida
	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 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>	<u>Address</u>	Type of Action
MGR	Constanza B. Baez Munoz	3623 Weatherfield Dr.	□Add
		Kissimmee, FL 34746	■Remove
			□Change
MGR	Giovanni E. Vanni Chiamil	3623 Weatherfield Dr.	Add
		Kissimmee, FL 34746	Remove
			□ Change
MGR ~	Alfredo A. Cordero Tabach	3623 Weatherfield Dr.	<b>≣</b> Add
		Kissimmee, FL 34746	□Remove
	·		☐Change
			□Add -
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change

		e to form a liability company pursuant to the law of the State of Florida for	_
	the purpose hereinafter set forth	and establish the respective rights and obligation in connection with the	_
	limited liability company, and		_
	Now. THEREFORE, in conside	ration of the mutual convents set forth herein and other valuable consideration.	_
	the receipt and sufficiency of which hereby are acknowledged, the Members agree as follow:		
	The term "Member Percentage Interest" shall mean the percentages set forth opposite the name of each		-
	Member bellow:		-
	Members	Percentage Interest	_
	Sebastian I. Escobar Allendes	33.34	_
	Giovanni E. Vanni Chiamil	33.33	-
	Alfredo Angel Cordero Tabach	33.33	_
			-
			-
			_ :
	tive date, if other than the da		
ote:		specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 does not meet the applicable statutory filing requirements, this date will not be list rtment of State's records.	
	ord specifies a delayed effective d filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
	November 14.	2023	

Typed or printed name of signee

Sebastian I. Escobar Allendes