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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer.

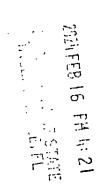
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Division of Co	rporations				
LUNAS IN SUBJECT:	VESTMENT FUND LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	GABRIELA LUNA				
		Name of Person			
		Firm/Company			
2200 LAKEVIEW RIDGE CIRCLE APT 308					
Address					
	APOPKA, FLORIDA, 327				
	vieitasbrands@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	all:			
GABRIELA LUNA		407 897-0361 at ()		<u></u>	
Name o	of Person	Area Code Daytin	ne Telephone Number		gr g
Enclosed is a check for t	he following amount:			; ;	:
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ng Fee of Status & Copy	

Registration Section

IU:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

LUNAS INVESTMENT FUND LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.23000149978	were filed on	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:	
GW INVESTMENT PROPERTY GROUP LLC		
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:	4071 L B McLeod Rd Ste D #2	01
Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32811	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	4071 L B McLeod Rd Ste D #2 Orlando, FL 32811	01
B. If amending the registered agent and/or registered office and a second office a second office and a second office a second office and a second office a second office and a second office a second office and a second office a second office and a	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		COTAL 2
New Registered Office Address:	Enter Florida street address	5
		orida
	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.

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WAGNER VIEITAS	2200 LAKEVIEW RIDGE CIR #308	⊟ Add
		APOPKA, FL 32703	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove □ Change
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			☐ Add ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Change
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rd is filed. Dated FEB 13		2024					
record specifies a delayed effe	ctive date, but no	ot an effective ti	me, at 12:01 a.n	n. on the earlier	of: (b) Th	e 90th da	ay after the
an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not	meet the applic	able statutory fil				be listed as
Effective date, if other than	the date of filir	ոց։			(optional)		-P
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