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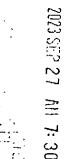
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Special Instructions to Fili	ng Officer.	

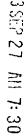


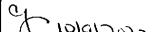


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COVER LETTER

TO:

Registration Section Division of Corporations

CUDIECT.		NICK INVESTMENT LLC	
SUBJECT:		ited Liability Company	···
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	HUG	GO A ALZATE GOMEZ	
		Name of Person	
	GERMA	ANICK INVESTMENT LLC	
	·	Firm/Company	
	135	74 VILLAGE PARK DR Ste 140	
		Address	
		ORLANDO, FL 32837	
		City/State and Zip Code	<u></u>
		halzategomez@hotmail.com	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	rification)
HUGO A ALZ	•	407 428-7080	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GERMANICK INV	VESTMENT LLC	2023 S	SEP 27 AH 7: 30
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000164044</u>	were filed on	04/01/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>'e</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	202 BRAVED	RD, DAVENPORT,	FL 33837.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13574 VILLAGE	PARK DR Ste 140.	ORLANDO, FL 32837
(Musing unaress graf bit A 1 051 01 11CI. 100.4)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our rec	cords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florio	la street address	
	Circ	, Florida _	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>	Address	Type of Action
AMBR	MARY ELEN GRISALES	202 BRAVE RD, DAVENPORT, FL 33837	■ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□ Remove
		·	Change
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ective date, if	other than the date	of filing:			(option:	ıl)
reflective date is l	other than the date isted, the date must be sp iscrited in this block d	pecific and cannot	t be prior to date o	f filing or more tha	n 90 days after fili	ng.) Pursuant to 605.0.
	re date on the Departi			many ming requ	arements, this de	ite will not be fisted
cord specifies a s filed.	delayed effective date	e, but not an eff	ective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day after t
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