L23000168398

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S. F. M. C. S. (C. P. L.)

COVER LETTER

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Tallahassee, FL 32314

TO: Registration S Division of Co			
PARCE IN	VVESTMENTS LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANDRES VALENCIA		
		Name of Person	
	PARCE INVESTMENTS	LLC	
		Firm/Company	
	8308 LOPEZ DR		
		Address	
	TAMPA, FLORIDA 3361:	5	
		City/State and Zip Code	
	VALENCIANDRES07@G		** <u>***</u>
		to be used for future annual report not	(incation)
For further information	concerning this matter, please ca	aii:	
ANDRES VALENCIA		813 532-0177 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addro Registration		Street Address: Registration Se Division of Co	
P.O. Box 63		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARCE 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	were filed on 04/04/2023	and assigned	
Florida document number 1.23000168398			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	illity company here:	1013:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	riation "L.L.C."	
Enter new principal offices address, if applicable:	8308 LOPEZ DR TAMPA FLORIDA 3361		
(Principal office address MUST BE A STREET ADDRESS)		72	
		سيه .	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name o</u>	f the new regi	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	22		
	, 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>	<u>Address</u>	Type of Action
MGRM	ALVARO VALENCIA	12513 BLAZING STAR DR TAMPA	= Add
		FLORIDA 33626	□Remove
			©Change
			Remove
			□Change
			□Add
			Remove
			□ Change
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n effective d ote: If the	ate is listed, the d date inserted in	an the date of f ate must be specific this block does r the Department	c and cannot be pr act meet the app	ior to date of film licable statutory	g or more man 90 c	lays after filing.)	Pursuant to 605,020 vill not be listed a
ecord speci is filed.	ifies a delayed e	effective date, but	not an effective	e time, at 12:01	a.m. on the earli	er of: (b) The	90th day after the
ted			2023	·			
	NDRES VALE		of a member or at	thorized represen	ntative of a membe	r	
A							

Filing Fee: \$25.00