123000 1899 14

	Requestor's Name)				
`	,				
(Address)				
	Address)				
	City/State/Zip/Phone #)				
(Only/Otale/Lips: Hone #/				
PICK-UP	MAIT	MAIL			
	Business Entity Name)				
`	•				
(Document Number)				
Certified Copies Certificates of Status					
Special Instructions	to Filing Officer:				
}					

Office Use Only



600408951816

05/18/23--01012--019 **25.00

SECRETARY OF STALE ALLAHASSEE, FLORIDS

+1120



COVER LETTER

TO:

G&J INVI SUBJECT:	ESTMENT GROUP LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	GABRIELA LOPEZ		
	Name of Person		
		Firm/Company	
	258 NW 107TH AVE	Name of Person Firm/Company AVE Address NES, FL 33026 City/State and Zip Code EZA98@GMAIL.COM address: (to be used for future annual report notification) , please call: 321 330-9925 at (
		Address	
	PEMBROKE PINES, FL.	33026	
	_		ification)
For further information of		·	
GABRIELA LOPEZ			
Name o	nt Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sc	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G&J	IN۱	лест	MENT	$\Gamma \subset \mathbb{R}$	ALID	TTC
(1003		1 2 3 1	711217	I UIV		1.1.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ^{04/17/2023} and assigned Florida document number 1.23000189914 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

__. Florida __

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	ALVAREZ, VANESSA	258 NW 107TH AVE	≣ Add
		PEMBROKE PINES, FL 33026	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Add
			□ Remove
			☐ Change
			□Add
		 :	□Remove
		~-	☐ Change
			□Remove
			□Change

			·						_
									_
	<u> </u>								_
				_					_
				_					_
	_								
				- 					_
						_	SE FALI	2029	_
				<u></u> .			LAH	29 HA	-
							HASSE	17 8	
			<u></u>		_ 	-	Y DE ST		ــلا -
							<u> </u>	PH 12:	_ \sqsubset:
							710¢	8 5	_
									_
									_
							-		

Effective d	ate, if other than	the date of fi	05/01/2	023		(option	al)		
f an effective	date is listed, the dated date in the date inserted in the	e must be specific	and cannot be	prior to date of oplicable statu	tiling or more than tory tiling requir	90 days after fil ements, this d	ing.) Pursu ate will n	ant to 60 ot be lis)5.0207 (3 sted as th
locument's	effective date on t	ie Department (of State's reco	ords.					
record spec	cifies a delayed eff	ective date but	not an effecti	ve time at 12	:0.Lam.onthee	arlier of: (b)	The 90th	day afi	er the
d is filed.	·	·					7,00	,	
Dated M	by 14th		2023						
Dated <u>H</u>	<u> </u>		<u>=0.~</u> 1.00	· ·					
_			(1) Dember or	euthorized repr	esentative of a mer	nhur.			
		_ ′ ′′	y agricultur or .	authorized tept	esemanive of a mer	inci			
		Gabriel		•					

E. E. C. .