L23000209352

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COVER LETTER

TO:	Registration Section
	Division of Corporations

INVESTMENT ADDE-OTTA IRE LLC
SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIO RUIZ Name of Person Firm Company 15305 SW 209 AVE Address MIAMEEL 33187 City/State and Zip Code ruiz8770@yahoo.com ယ E-mail address: (to be used for future annual report notification) PH 12: For further information concerning this matter, please call: 786 510-1028 JULIO RUIZ at (____ Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$30.00 Filing Fee & S25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTMENT ADDE-OTTA IRE LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>4/27/2023</u> and assigned Florida document number <u>L23000209352</u>

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 "L.L.C."

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	
	, Flo	rida 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.

A.S

8<u></u> 3 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

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<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	EVA L. VALDES	15305 SW 209 AVE	Ĩ∎ Add
		MIAMI, FL 33187	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER-23, 2023.
J.
Signature of a member or authorized representative of a member
Julia Ruiz
Typed or printed name of signee

Filing Fee: \$25.00