L23000211456

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Sedivision of Cor			•			
cub if ci		LO INVESTMENTS LLC					
SUBJECT	l; <u></u> _	Name of Limi	ted Liability Company	<u></u>			
The enclos	sed Articles of.	Amendment and fee(s) are sub	nitted for filing.				
Please retu	ım all correspo	ndence concerning this matter	to the following:				
		C/O GILDA ALMEIDA					
			Name of Person				
		GILDA ALMEIDA LAW,	PLLC				
			Firm/Company				
		1001 BRICKELL BAY DE	RIVE SUITE 2700 #3				
			Address				
		MIAMI FL 33131		2023 CC Seukei Tyll			
			City/State and Zip Code				
		GILDA@GILDAALMEID		7 T - 6			
		E-mail address: (to be used for future annual report notification)			
For furthe	r information c	oncerning this matter, please ca	all:	PR 4-1			
GILDA A	LMEIDA		786 456 6167	3.75 2.75			
	Name o	f Person	Area Code Daytime Telep	hone Number			
Enclosed	is a check for tl	ne following amount:					
□ \$25.0	0 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		Street Address:				
	Registration S Division of C		Registration Section Division of Corporat	ions			
	2.O. Box 632		The Centre of Tallah				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAIAGALLO INVESTMENTS L	LC		
(Name of the Limit	ted Liability Compa (A Florida Limited)	any as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited L	iability Company	were filed on <u>04/28/2023</u>	and assigned
Florida document number L23000211456			
his amendment is submitted to amend the foll	owing:		
If amending name, enter the new name o	f the limited liab	oility company here:	
NA			~ <u>.</u>
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "	LLC" or the abbregiation "L.L.C."
nter new principal offices address, if applic	cable:	NA	PET 1
Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>

		17062 ADDUT DAAD	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		17853 ADRIFT ROAD	
		WINTER GARDEN, FL 3	4787
3. If amending the registered agent and/or agent and/or the new registered office addre	w .	address on our records, <u>en</u>	iter the name of the new registe
Name of New Registered Agent:	GILDA ALME	EIDA	
New Registered Office Address: 1001 H		LL BAY DRIVE SUITE 2700) #3
		Enter Florida street aa	ldress
	MIAMI		, Florida ³³¹³¹
		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.

If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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		`		authorized rep		member			