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(Red	questor's Name)	
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Special Instructions to F	iling Officer.	
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2023 AUG - 7 PK 1: 06

COVER LETTER

TO:	Registration Section
	Division of Corporations

Luigon Investments 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:

Luis Gonzalez Name of Person Firm/Company 32283 SW 205th Ave Address Homestead, FL 33030 City/State and Zip Code xmrranch@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Xavier Flores 249-9069 386 at (_____ Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luigon Investments LLC		2023 AUG -7 PM 1: Oc
(Name of the Limi	ted Liability Comp (A Florida Limited	any as a new appears on our records?
The Articles of Organization for this Limited I. Florida document number <u>L23000213338</u>	· ·	Liability Company) $\frac{1}{1000}$ $\frac{1}{1000}$ $\frac{1}{1000}$ $\frac{1}{1000}$ $\frac{1}{1000}$ $\frac{1}{1000}$ and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, <u>enter the new name o</u>	f the limited lial	<u>pility company here</u> :
The new news must be distinguishable and contain the s	norde "Linital Link	ility Company," the designation "LLC" or the abbreviation "L.L.C."
The new name mass be distinguishable and contain the v	volus Ennineu Enni	
Enter new principal offices address, if applicable:		32283 SW 205th Ave Homestead, FL 33030
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		32283 SW 205th Ave Homestead, FL 33030
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or a agent and/or the new registered office addre	•	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Luis Gonzalez	
New Registered Office Address:	32283 SW 205	th Ave
<u>reen Acgistered Office Audress</u> .	<u></u>	Enter Florida street address
	Homestead	. Florida ³³⁰³⁰

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

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Luis Gonzalez		32283 SW 205th Ave Homestead. FL 33030	□Add
			🗆 Remove
			Change 🗮
			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

08/02/ Dated	
	Signature of a member or authorized representative of a member
Luis Gonzalez	
	Typed or printed name of signee

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