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COVER LETTER

TO:

Registration Section

Division of Cor	rporations		•
50,001	WARU INVESTME	onte 11 (
SUBJECT: <u>¬OW</u>	Name of Lin	nited Liability Company	
		,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSHUA	Somwar u Name of Person	
		Name of Person	
	Somu	aru Investments L	LLC
		Firm/Company	
	19470 SW 5	Address	1 33029
	M.Y.	GINGE, FL 33029 City/State and Zip Code	
		City/State and Zip Code	
	JS 0M We E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
lasinya s	Samuka	ar(407) 719 (2070
Name o	Samwaru r Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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 Addres	ss:	Street Address:	
Registration Section		Registration Se	
Division of C		Division of Co	•
P.O. Box 632 Tallahassee, l		The Centre of	Fallahassee oe Street, Suite 810
rananassee, i	I L. Jájit	2415 IV. MOHIC	or analytic anice and

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Somwaru IN	Vestments LLL	7073 JULY - D PM 5: 44
(Name of the Limit	VeStments LLC ed Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
		1611
The Articles of Organization for this Limited L	ability Company were filed on 0°	0/04/2025 and assigned
Florida document number <u>L 23000220</u>	0045	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here	:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the desi	gnation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE	<u>T ADDRESS)</u>	
•		
Enter new mailing address, if applicable:		
•	DAY)	
Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or r agent and/or the <u>new registered office addres</u>	t.·	ords, enter the name of the new regist
agent and/or the new registered office address	<u>s iici c</u> .	
Name of New Registered Agent:	Jasmanine Narine	
New Registered Office Address:	19470 SW 54th St Enter Florida	street address
	Miramar	Florida 33029 Zip Code
	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>	<u>Address</u>	Type of Action
MGR	Jasmanine Narine	19470 Sw 54th St	YAdd
		Miramar, Florida 33029	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(If an et <u>Note:</u>	tive date, if other than the date of filing:
If the reco record is f	rd 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 filed.
Dated	05/25/2023
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Joshua Somwan
	JOShva Somwan Typed or printed name of signee