## L23000289224

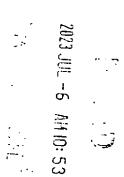
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C/ 8/12/2023

## COVER LETTER .

?		COVER LETTER .	
TO: Registration So	porations		•
SUBJECT:	Subrax Inve	Stments LL ted Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Marcio S	5 Do Naston	ento
	_ Wbrax	Investments Firm/Company	220
	7485 1	Address	ve
	Lake W	Orth FL 3:	3467
	donasamer E-mail address: (1	City/State and Zip Code  City/State and Zip Code	rail. aom
For further information e	oncerning this matter, please ca	II:	
Marcro Name o	Do Nasrimeria f Person	5 at ( <u>954</u> ) <u>650</u> Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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 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

2023 JUL -6 AH 10: 53 OF Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 15/2023 and assigned The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_\_\_\_ Florida document number <u>L2300028922</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 "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 \_, Florida

## 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 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>	Name	Address	Type of Action
AMBR	Joan Victor SR Tavares	3301 NE 183 rd St Cout 180	<mark>%</mark> ¥Add
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lf an ctìo <u>Note:</u> I	The date, if other than the date of filing:	)207 d as
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	the
Dated _	June 2025	
	Mario Nascimento Signature of Entember or authorized representative of a member	
	riginature of authorized representance of a member	

Filing Fee: \$25.00