L23000300211

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:

Registration Section

Division of Corp	orations		
SUBJECT FYG 16	Westments LL	C.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Giulian	na Pino Name of Person	
		Name of Person	
	FYG IN	vestments LLC.	
	· · · -	Firm/Company	
	ann	SW 69 + CT	
	-1011	Address	
		22166	
	Mian	City/State and Zip Code	
	ENIG VALC	•	1
	E-mail address: (Or I d	(fication)
For further information co	ncerning this matter, please c	all:	
Giulianna	Pino	at (<u>786</u>) <u>693 -</u> Area Code Daytin	0662
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
	□ \$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		Street Address:	
Registration So		Registration Se	
Division of Co P.O. Box 6327	•	Division of Cor The Centre of T	•
Tallahassee, F			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FYO INVESTM			
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on ou Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Company	were filed on	22,2023	_ and assigned
Florida document number <u>L23000300211</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the bre	viales "L.L.C."
E. A is is is a laft and all areas if a policy bloc			<u> </u>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		SE SE	$\frac{\omega}{\omega}$
		<u></u>	3
			ر تن ر
Enter new mailing address, if applicable:			22
(Mailing address MAY BE A POST OFFICE BOX)			,
		-	
B. If amending the registered agent and/or registered office :	address on our records	s, enter the name o	of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	vet address	
	2.711.7.77.77.77.77.77.77.77.77.77.77.77.		
	Z Vina	Florida	Zip Code
	City		гар Соас
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		

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	Felipe Trujillo	7249 NW 33" ST	% Add
		APT 708	□Remove
		Miami, FL 33122	□Change
			🗀 Add
			□ Remove
			□Change
			□Remove
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