## L23000306480

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

27042014 I SUBJECT:	NVESTMENT LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CESAR PEREZ		
	Name of Person		
		Firm/Company	
	4917 TRIBUTE TRL		
-		Address	
	KISSIMMEE FL 34746		
	CESARP2187@GMAIL.C	City/State and Zip Code	
	<del>-</del>	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
CESAR PEREZ		786 271-9864 at ()	
Name of Person		Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Con	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 14 PH 3: 43

27042014 INVESTMENT LLC

(Name of the Limited (A	Liability Company as it now Florida Limited Liability Con	<u>/ appears on our records.</u> npany)	TALLAL ESTE
The Articles of Organization for this Limited Liab Florida document number L23000306480	ility Company were filed	l on <u>06-06-2023</u>	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability comp	pany here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company	y," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BC	<u></u> <u></u>		
	<del></del>		
B. If amending the registered agent and/or reging agent and/or the new registered office address because in the second se	istered office address or nere:	ı our records, <u>enter f</u>	he name of the new register
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
	Ex	nter Florida street address	·
	<del> </del>	, Flo	rida
	City		Zıp 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 have by confirm that the limited liability company has been notified in writing of this change.

If Changing Register et 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
VP	GISELL M DE SOUSA	4917 TRIBUTE TRL KISSIMMEE FL 34746	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ite: if the date miserted	in this block does	not meet the a	appiicable statu	iling or more than 9 tory filing require	0 days after filing.) ments, this date	Pursuant to 605,0207 will not be listed as
cument's effective date	e on the Departmen	it of State's rea	cords.		·	
ecord specifies a delay	ed effective date, bu	ut not an effec	tive time, at 12	:01 a.m. on the ea	rlier of: (b) The	e 90th day after the
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is filed.  SEPTEMBER 12	Signature	The state of	r aluhorized repr	esentative of a men	iber	······