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COVER LETTER

	tion Section of Corporations		
	sting In South Florida LLC		V 6
SUBJECT:	Name of Limi	ted Liability Loar any.	
The enclosed Artic	cles of Amendment and fee(s) are sut;	nittea for fl'ing	
Please return all co	orrespondence concerning this matter t	to the following:	
	Hugo Rafael Amias		
		Name of Pe son	
	Investing In South Florid	LLC	
		Firms Comp my	
	7049 SW 164 CT		
		Address	
	Miami, Florida 33193		
		City/State and Zip Code	
	Hugoarnias@gmail.com	,,	
		o be used for future annual report not	ification)
For further inform	ation concerning this matter, please ca	•	
		$\frac{\lambda}{2} = \frac{3}{7}$	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a chec	k for the following amount:		
S \$25,00 Filing	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is anclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing /		Street Address:	
_	ation Section	Registration So	
Divisioi 'P.O. Bo	n of Corporations	Division of Co The Centre of	•
	ssee, FL 32314	2415 N. Monro	pe Street, Suite 810
		Tallahaeeee Fl	1 32303

ARTICLÉS ÖF ÄMENDMENT ARTICLES OF ORGANIZATION

Investing In South Florida LLC

23 M 24 M 9 22 (Name of the Limited Liability Company as it new appears on our records.)
(A Florida Limited Liability Company)

02/02/2021

The Articles of Organization for this Limited I		were filed on $\frac{0.776}{1}$	1772023	_ and assigned
Florida document number				
This amendment is submitted to amend the fol	lowing			
A. If amending name, enter the new name	of the limited liab	oility company her	<u>'e</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS:	N/A		
				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		N/A		
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our rec	cords, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:	N/A	······································		
New Registered Office Address:	N/A			
			la street address	
	N/A		, Florida N/A	
		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 registere, 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, ester 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	Sandra Pereira	7049 SW 164 CT Miami,FL.33193	= Add
			□Remove
			□ Change
			□Add
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Note: If i	date, if other than the dative date is listed, the date must be the date inserted in this block t's effective date on the Depart	does not meet the applica	to date of filing or more able statutory filing re	(optional) than 90 days after filing.) Pequirements, this date wi	ursuant to 605.0207 (Il not be listed as t
e record s rd is filed.	pecifies a delayed effective da	ite, but not an effective til	me, at 12:01 a.m. on t	he earlier of: (b) The 9	Oth day after the
	July 19	2023	<u> </u>		
Dated					
Dated		nature of a member or autho	ı		