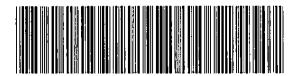
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COVER LETTER

	gistration Se ision of Cor					
elle leer	YAHWEH	RE INVESTMENTS, LLC				
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	indence concerning this matter	to the following:			
		Carmen Cue				
			Name of Person		-	
	YAHWEH RE INVESTMENTS, LLC					
			Firm/Company		•	
		16420 NW 21 AVE.			7.0. S	
			Address		1959 1958 1958	, - -
		MIAMI, FL 33054			2023 HOV - 7 PH 2: 44 SEGRE 1, 1975 - 2: 4: 75	4
			City/State and Zip Code			
		carmencue [@gmail.com			· ====================================	. ·
For further in	iformation e	E-mail address: (oncerning this matter, please c	to be used for future annual report notif	lication)		
Carmen Cue	avination co	oncerning this matter, piease e	954 628-2765		1.1	
	Name of	Person	at ()at () Area Code Daytime	e Telephone Number	 	
Enclosed is a	check for th	e following amount:				
≡ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address:
Registration Section Division of Corporations

P.O. Box 6327

Street Address: Registration Section

Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YAHWEH RE INVESTMENTS, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
ne Articles of Organization for this Limited Liability Company	were filed on 09/19/2023	and assigned
orida document number 1.23000434846		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	oility company here:	
AHWEH RE INVESTMENTS-16420, LLC		
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	"C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		705
melput typice uniters in total DE TOTAL DE TREBUIER		2023 110 4
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
		rad To
If amending the registered agent and/or registered office	address on our records, <u>enter</u>	the name of the new regist
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SN
	, FI	lorida
 ;	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>	Name	Address	Type of Action
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			Remove
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