# Florida Department of Stat

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H230003986153)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

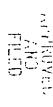
Account Name : RUBEN TORO PA Account Number : I20220000108 : (407)370-6445 Fax Number : (407)352-0568

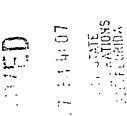
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: RUBENDTOROLPA @GHAIL.CONI.

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LFUNION INVESTMENTS LLC

Certificate of Status	0
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Page Count	04
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#### **COVER LETTER**

TO:	Registration Se Division of Cor		۶.	
CUDI		INVESTMENTS LLC		
SUBJI	EC1:	Name of Lin	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pieasc	retum-all correspo	ndence concerning this matter	to the following:	
			RUBEN TORO	
		-	Name of Person	<del></del>
			RUBEN TORO P.A	
	Firm/Company			<del> </del>
7901 KINGSPOINTE PKWY STE 31				
	Address			
		C	RLANDO , FLORIDA 32819	
			City/State and Zip Code	
			rubendtorocpa@gmail.com	
T	al a fair an an aire	•	to be used for future annual report not	tirication)
		oncerning this matter, please c		
RUBE	N TORO		at ()	5
	Name o	F Person	Area Codo Daytir	me Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>≡</b> \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F.	orporations Tallahassee oe Street, Suite 810

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LFUNION INV				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now app: liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	10/04/2023	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company	here:		
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words" and Contain the words are contained to the words are contai	ity Company," th	e designation "LLC" or the	abbreviation "L.L.	.C."
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 a agent and/or the new registered office address here:	ddress on our	r records, <u>enter the n</u> e	me of the new	registered
Name of New Registered Agent:			2023	<u>-</u>
New Registered Office Address:	Enter F	Florida street address , Florida		TALK WASH
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			ப் —	

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

Title	Name	Address	Type of Action
AMBR	Nielenice Jeronimo De Oliveira	1105 SCHULTZ AVE. WINTER PARK, FL 32789	□Add
			ERemove
			Change
AMBR	Nielenice J De Oliveim Linhares	1105 SCHULTZ AVE. WINTER PARK, FL 32789	Add
			□Remove
			Change
			□Add
			□Remove
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ote: If the date inserted in this bloc	ate of filing:	ter filing.) Pursuant to 605.0207
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
ed 17; NOVEMBER	. 2023	
Le	EQUARDO DA COSTA LINHARES  Ignature of a member or authorized representative of a member	
	LEONARDO DA COSTA LINHARES	

Filing Fee: \$25.00