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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ARWCA INVESTITENTS LCC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daylobuh Brita Name of Person
Name of Person
Aspea Investments LLC
·····,
2907 U Idlavild AVG
Address
City/State and Zip Code City/State and Zip Code State Compared C
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dayloson Brifice al (83) 842-1848 Name of Person Area Code Daytime Telephone Number
Area Code Dayune Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on bility Company)	our reçords.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L2000 4658 07</u> .	ere filed onF	ONDA	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	nation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		——————————————————————————————————————	2021
(Principal office address MUST BE A STREET ADDRESS)		AC POT	R T
		AARY O	
Enter new mailing address, if applicable:		m n	A D
(Mailing address MAY BE A POST OFFICE BOX)		FL	9
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our reco	rds, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:	······································		
New Registered Office Address:			
	Enter Florida	street address	
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City	•	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my ovided for in Cha	duties, and I am fam pter 605, F.S. Or, if t	iliar with and his document is

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
MBR	Ecohon Brita	290) v. idlavild AIG.	🗆 Add
		290) v. idlavild AIG. Tampa FL 33614	SRemove
			Change
3 		<u> </u>	🗆 Add
.:			□Remove
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			□Change
			🗀 Add
			□ Remove
			□Change
			DAdd
			🗆 Remove
			□Change
			🗀 Add
			□ Remove □ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Note	tive date, if other than the date of filing: 10 23 2021 (optional) feetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	12/10/2024
	Signature of a member authorized representative of a member
	Signature of a new of the new tentante of the new tentante

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Filing Fee: \$25.00