L23000 467821

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only State / Elph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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11/01/23--01020--006 **15.06

11/01/23--01020--007 **10.00

SECRETARY OF STATE

2023 NOV 10 RW 8202

COVER LETTER

TO: Registration Se Division of Cor	porations		
SUBJECT:	C.2 Investm	nent trust .	L2C
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Franci	15 Co Rojas Name of Person	
		westment tru	
	4	Firm/Company	
	400 N to	ampast /	
	at the same	. 10 54 3 74 0	
	- / KIN	City/State and Zip Code	_
	T001as	ssia aoi ce	cm/
	·	to be used for future annual report n	otification)
_	oncerning this matter, please ca	all:	
Francisco Name of	Person GS	at (<u>813</u>) 32 Area Code Days	157177 ime Telephone Number
Enclosed is a check for th	e following amount:		
☑ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

C2 Invest	tment	trust 1	LC		
		any as it now appears on Liability Company)			
The Articles of Organization for this Limited Liab Florida document number <u>L 230004</u>	oility Company 678 ₋ 27	were filed on/	11 2023	and assign	ed
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	he limited lial	pility company here:			
The new name must be distinguishable and contain the word	ds "Limited Liabi				
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET		400 No FLEOT Tampa	tampa e	3602	15th
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>9X)</u>				
B. If amending the registered agent and/or reg agent and/or the new registered office address	<u>here</u> :				
Name of New Registered Agent:	Fre	ancisco (Perjas		
New Registered Office Address:	400	N Stump	14 st #/	06 15th #	4.00°
	tamp	UNUSCO N Stump Enter Florida s City	, Florida	33602 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>	<u>Name</u>	<u>Address</u>	Type of Action
<u>AMB</u> R	Francisco Pojus	28311 Opendfield Loop Wesley Chapel FL 33543	lV Add
			Remove
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(If an offec Note: I	e date, if other than the date of filing:
ne record ord is filed	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 l.
Dated _	Nov. 01 2023
	Signature of a member or authorized representative of a member
	Roberto V. New marer Typed or printed name of signee
	Typed or printed name of signee