# L24000044000

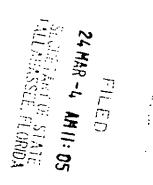
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# **COVER LETTER**

TO: Registration S Division of Co						
CUBIECT.	INVESTA REALT	Y LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	CA	RMEN ROMERO				
		Name of Person				
	A&A	A&A MUL-T-SERVICES INC				
		Firm/Company				
	79 LA	79 LAS BRISAS WAY Address				
	KISSIM	AMEE, FL 34743				
		City/State and Zip Code				
		services@gmail.com				
	E-mail address: (	to be used for future annual report not	ification)			
For further information	concerning this matter, please co	all:				
ERICA A GIRALDO		407 569-9796				
Name o	of Person	at () Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Addre</u> Registration	Section	<u>Street Address:</u> Registration Se				
Division of C			Division of Corporations The Centre of Tallahassee			
P.O. Box 633 Tallahassee,			rananassee oe Street, Suite 810			

Tallahassee. FL 32303

# ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATIO **OF**

### INVESTA REALTY LLC

Standard William Con Control of the (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C Florida document number <u>L24000048690</u>	ompany were filed on 01/25/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		_, Florida
<del></del>	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 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>	Address	Type of Action
MGR	ERICA A GIRALDO MARTINEZ	7157 NARCOOSSEE RD # 1333	🗎 Add
		ORLANDO, FL 32822	□Remove
			□ Change
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Effective date, if other than t fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific block does r	iling: c and cannot b tot meet the	applicable st	atutory filing	ore than 90 days grequirement	s, this date v	Pursuant to 605. will not be liste	.0207 ed as
	tive date, but	t not an effec	ctive time, at	12:01 a.m. c	n the earlier	of; (b) The	90th day after	r the
record specifies a delayed effect d is filed.								
d is filed.		2024						
e record specifies a delayed effect rd is filed. Dated FEBRUARY 29								
d is filed.	Signature (	2024 of a member 1	, authorized r	epresentative	of a member			

Filing Fee: \$25.00