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COVER LETTER

TO: Registration S Division of Co		
	ESTMENT Y SERVICES LLC	· ·
SUBJECT:	Name of Lir	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	YOANDRY CARRERO	
		Name of Person
	A&F INVESTMENT Y S	ERVICES LLC
		Firm/Company
	1530 SW 109TH AVE, A	PT 107
		Address
	PEMBROKE PINES, FL.	33025
	USTUEMPRESA@GMAII	City/State and Zip Code L.COM
		to be used for future annual report notification)
For further information c	concerning this matter, please c	all:
YOANDRY CARRERO	•	305 5606166 at ()
Name of Person		Area Code Daytime Telephone Number
Enclosed is a check for t	ne following amount:	
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	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

A&F INVESTMENT Y SERVICES LLC	• ~				
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)				
The Articles of Organization for this Limited Liabilit Florida document number <u>L24000130040</u>	ty Company were filed on 03/15/2024 and assigned				
This amendment is submitted to amend the following	<u>2</u> :				
A. If amending name, enter the new name of the l	limited liability company here:				
NA					
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	NA				
Principal office address MUST BE A STREET AD	DDRESS) NA				
	NA				
Enter new mailing address, if applicable:	NA				
Mailing address MAY BE A POST OFFICE BOX)	NA				
	NA				
agent and/or the new registered office address her					
Name of New Registered Agent: M/	MAYRA FUENMAYOR				
New Registered Office Address: 153	30 SW 109TH AVE. APT 107				
	Enter Florida street address				

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.

Cav

PEMBROKE PINES

Mayra Fuermayor 5

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
MGR	YOANDRY CARRERO	1530 SW 109TH AVE, APT 107	
		PEMBROKE PINES, FL 33025	■Remove
			□Change
MGR	MAYRA FUENMAYOR	1530 SW 109TH AVE. APT 107	■Add
		PEMBROKE PINES, FL 33025	□Remove
			□ Change
NA	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	
			□Remove
			□Change
NA ———	NA	NA	□Add
		-	Remove 22
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			STATE REMOVE
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iment's effective date on the	Department o	of State's reco	ords.	_				
ord specifies a delayed effect	ive date, but n	not an effectiv	ve time, at 12	2:01 a.m. on t	he earlie r of:	(b) The S	0th day a	dier th
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Typed or printed name of signee