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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone : (305)397-8553 Fax Number : (305)397-8521

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

Email Address: <u>gerenciatoro gmosil co</u>m

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN END OF THE WORLD INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON JUN 14 2024 TO:

Registration Section

Tallahassee, FL 32314

COVER LETTER

Division (of Corporations	
	OF THE WORLD INVESTMEN	TLLC
SUBJECT:	Name of L	imited Lisbility Company
	les of Amendment and fee(s) are so	
Please return all co	rrespondence concerning this matter	er to the following:
	JUAN D. LEONARDEL	.LI
	· · · · · · · · · · · · · · · · · · ·	Name of Person
	END OF THE WORLD	INVESTMENT LLC
t		Firm/Company
	482 NW 165TH STREE	T RD, APT A201
		Address
	MIAMI, FLORIDA 3310	59
		City/State and Zip Code
•	GERENCIATDF@GMAI E-mail address:	L.COM (to be used for future annual report notification)
For further informa	tion concerning this matter, please	cail:
JUAN D. I	LEONARDELLI	+54 92964562879 at ()
Ň	ame of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
■ \$ 25.00 Filing F	Cee ☐ \$30,00 Filing Fee & Certificate of Status	
Mailing A		Street Address: Registration Section
~	ion Section of Corporations	Division of Corporations
P.O. Box		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

END OF THE WORLD INVESTME					
(Name of the Limited	Liability Comps Florida Limited	iny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liab	bility Company	were filed on _	03/25/2024	and assigned	
Florida document number L24000143080	·				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company b	ere:		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the o	lesignation "LLC" or the abbre	eviation "L.L.C."	-
Enter new principal offices address, if applicat	ole:	482 NW 165T1	H STREET RD, APT A201	22.5	
(Principal office address MUST BE A STREET	ADDRESS)	MIAMI, FLOR	IDA 33169		
		···		-	- ; - ;
ा _ए Enter new mailing address, if applicable:		1500 BAY RD	APT 868	. <u>c</u>	
(Mailing address MAY BE A POST OFFICE BO	9X)	MIAMI BEAC	H, FLORIDA 33139		_ :: _ :
	 -				_; _; _;
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:			ecords, <u>enter the name (</u>	of the new regist	erc
•	400 NOV 16575	ህ ዕጥበ በምጥ ው ከ . A .	DT 4201		-
New Registered Office Address:	482 NW 165TH STREET RD, APT A201 Enter Florida street address				
		MIAMI	. Florida	33169	
		City	, x 1011000	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.

Juan Dario LEONARCELLI (Jun 15, 2024 17:54 ADT)

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	<u>Name</u>	<u>Address</u>	Type of Action
MGR	OLEA, DIEGO	1500 BAY RD, APT 868	■Add
		MIAMI BEACH, FLORIDA 33139	□Remove
			□Change
AMBR	LEONARDELLI, JUAN D.	482 NW 165TH STREET RD, APT A201	□Add
		MIAMI, FLORIDA 33169	□Remove
MGR	LEONARDELLI, ORIANA	482 NW 165TH STREET RD, APT A201	
		MIAMI, FLORIDA 33169	□Remove
	•		■Charig
	,		☐ Remove
			□ Change
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Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and c ck does not me	annot be prior t	E 13, 2024 o date of filing o ble statutory fi	r more than 90 days	optional) after filing.) Pursu s, this date will n	ant to 605.020 ot be listed a
record specifies a delayed effective is filed.	date, but not a	n effective tin	ne, at 12:01 a.r	n. on the earlier o	of: (b) The 90th	day after the
JUNE 13		2024				
	, Privat		<u> </u>			
		mber or sulbor	-	ive of a member		
)NARDELLI			

Filing Fee: \$25.00