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## COVER LETTER

то:	Registration Se Division of Cor					
CHD IE/		/ESTMENTS,LLC				
SUBJEC	JI:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		ANTONIO ARREGUIN				
		Antonio 1	Name of Person			
		11320 DELLWOOD LN	) in Company			
			Address			
		BONITA SPRINGS, FL 34135				
		aaantonio321@yahoo.com	City/State and Zip Code			
		E-mail address: (	to be used for future annual report noti	fication)		
For furth	ner information o	oncerning this matter, please co	all:			
ANTON	NO ARREGUIN	1	239 738-9029 at ( )			
	Name o	f Person		e Telephone Number		
Enclosed	d is a check for th	he following amount:				
□ <b>\$</b> 25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration		Street Address: Registration Se	ction		

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

AANT INVESTMENTS,LLC	1. 1.1.1.111. 21	
( <u>Name_of the Lim</u>	ited Liability Company as it now ap (A Florida Limited Liability Compa	<u>pears on our records.)</u> ny)
The Articles of Organization for this Limited I		07/05/2024 and assigned
lorida document number L24000301097	·	
his amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability compan	<u>v here</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	•	
inter new mailing address, if applicable:		
5.		
Mailing address MAY BE A POST OFFICE	<u> </u>	
. If amending the registered agent and/or gent and/or the new registered office addr	.,	ur records, enter the name of the new registor
ent andror the new regions of the andror		
Name of New Registered Agent:	ANTONIO ARREGUIN	
New Registered Office Address:	11320 DELLWOOD LN	
The responsible value (1300 cm).	Enter	Florida street address
	BONITA SPRINGS	, Florida
	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.

f 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>	Address	Type of Action
P	ANTONIO ARREGUIN	11320 DELLWOOD LN	
		BONITA SPRINGS, FL 34135	<b>■</b> Remove
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ffective date, if other than the fan effective date is listed, the date must be force: If the date inserted in this bocument's effective date on the L	ist be specific and cannot be prio clock does not meet the appli	or to date of filing or more that cable statutory filing requ		
record specifies a delayed effecti is filed.	ve date, but not an effective (	time, at 12:01 a.m. on the	earlier of: (b) The 90th day	y after the
ated	2024	—· ,		
	Signature of a member of auti	Arreguin		
	Signature of a number of and	narized representative of a p	nember -	
	organitie or a mention of auti	normed representative of a n	TE THE CT	