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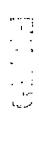




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COVER LETTER

	Registration Division of C	i Section Corporations		
SUBJEC	CASCA	ADES INVESTMENTS LLC		
SUBJEC	.1;	Name of Lin	ited Liability Company	
The encl	osed Articles	s of Amendment and fee(s) are sub	mitted for filling.	
Please re	turn all corre	espondence concerning this matter	to the following:	
		DENISE SIMOES		
			Name of Person	
			Firm/Company	
		7031 GRAND NATIONA	L DR SUITE 111	
			Address	
		ORLANDO, FL 32819	City/State and Zip Code	
		legal@trustsolutiontax.com		
			to be used for future annual report notification)	
For furth	er information	on concerning this matter, please c	all:	
Denise S	Simoes		305 4810730 at ()	
	Nan	ne of Person	Area Code Daytime Telepho	ne Number
Enclosed	l is a check fe	or the following amount:		
■ \$25.	00 Filing Fee	e S30.00 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)
	P.O. Box 6	on Section of Corporations	Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see i

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASCADES INVESTMENTS LLC

(Same of the Limb	(A Florida Limited	Liability Company)	Tecorus.)
The Articles of Organization for this Limited L Florida document number 08/23/2024		were filed on 1.2400037	0858 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	owing: If the limited liability company here: Nords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Pable: N/A N/A N/A N/A BOX) registered office address on our records, enter the name of the new registered		
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	dress, if applicable: N/A Mress MUST BE A STREET ADDRESS) dress, if applicable: N/A N/A N/A		
(Principal office address MUST BE A STREET ADDRESS			
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE BOX)	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our records,	enter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:			
New Registered Office Address.		Enter Florida street	address
			, Florida
		Ciry	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>	2024
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as registered office	performance of my dut provided for in Chapter	ies, and I am familiar with and 🕟 605, F.S. Or, if this doedment is 🔒

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
AMBR	BERNARIXO CARVALHO WERTHEIM	6615 ANTILHUE VITACURA	
		SANTIAGO, SA 76601-28 CH	Remove
			■ Change
			□Remove
			□ Change
			□Add
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