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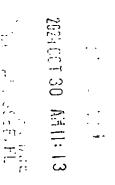
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## **COVER LETTER**

	egistration Se ivision of Cor				
		A INVESTMENTS LLC			
SUBJECT	:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub- ndence concerning this matter			
. , , , , , , , , , , , , , , , , , , ,		RITA DE CASSIA M OR			
			Name of Person		
		ORTIGOSA INVESTMEN	STS LLC		
			Firm/Company	<del></del>	
		· · · · · · · · · · · · · · · · · · ·	Address		
		ORLANDO, FL 32835			
			City/State and Zip Code		
		ELICIAMILENA29@GM/		·-··	
			to be used for future annual report noti	fication)	
For further	information c	oncerning this matter, please co	all:		
RITA DE	CASSIA M O	RTIGOSA FERNANDES	407 233-8041 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is	s a check for th	ne following amount:			
<b>\$25.00</b>	) 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)	
	lailing Addres egistration S		Street Address: Registration Se		
	Division of C .O. Box 632		Division of Cor The Centre of 1		
	.O. Box 632 allahassee, l			e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORTIGOSA INVESTMENTS LLC	•		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company) 23-3 Co 7 30 Addi: 14		
he Articles of Organization for this Limited Liability Company	were filed on 10/08/2024 and assigned		
lorida document number 1.24000432687			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	oility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	7065 WESTPOINTE BLVD		
Principal office address MUST BE A STREET ADDRESS)	SUITE 102		
	ORLANDO, FL 32835		
Enter new mailing address, if applicable:	7065 WESTPOINTE BLVD		
Mailing address MAY BE A POST OFFICE BOX)	SUTTE 102		
	ORLANDO, FL 32835		
gent and/or the new registered office address here:	address on our records, <u>enter the name of the new regis</u>		
	address on our records, <u>enter the name of the new regis</u>		
gent and/or the new registered office address here:	address on our records, enter the name of the new regis  Enter Florida street address		

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 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
			□Add
		<u> </u>	□Remove
			□ Change
			□Add
			□Remove
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			🗀 Add
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		10/22/2024			
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ote: If the date inserted in this b	lock does not mee	et the applicable s	tatutory filing requ	irements, this date wil	I not be listed as
ocument's effective date on the I.	epartment of Star	te's records.			
		ı effective time, a	t 12:01 a.m. on the	earlier of: (b) The 9	Oth day after the
record specifies a delayed effecti	e date, but not ar				
record specifies a delayed effecti lis filed.	re date, but not ar				
l is filed.					
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