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COVER LETTER

	istration Se ision of Cor			
cuoucar		INVESTMENTS LLC		•
SUBJECT:	•	Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JESSICA TORRES		
			Name of Person	
		TAX CARE CELEBRATI	ON	
			Firm/Company	
		1400 NW 107TH AVE ST	E. 203	
			Address	
		SWEETWATER, FLORII	DA 33172	
			City State and Zip Code	
		JESSICA.TORRES@TAX	CAREINC.COM to be used for future annual report notifi	
Dan Bankaria	Commission	n-man address: (oncerning this matter, please ex	·	(Carlott)
		oncerning this matter, piease co		
JESSICA TC			786 878-0957 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	ling Addressistration Stristion of C D. Box 632 lahassee, I	Section Torporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

2nd request.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOMASA INVESTMENTS LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 12/16/2024 and assigne
Florida document number 1.24000520674	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:
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:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<u>ς</u> , π
 If amending the registered agent and/or registered office ad gent and/or the new registered office address here: 	dress on our records, enter the name of the new res
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cin 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.

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>	<u>Address</u>	Type of Action
AMBR	JUAN A. MENDOZA	5710 SW 86TH ST	≣ Add
		MIAMI, FLORIDA 33143	□Remove
			□Change
AMBR	MARCO A. MENDOZA	5710 SW 86TH ST	■Add
		MIAMI, FLORIDA 33143	□Remove
AMBR	SANTIAGO A. MENDOZA	5710 SW 86THST	■Add
		MIAMI, FLORIDA 33143	□Remove
			☐ Change
			□Add
			□Remove
			□Change
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If an eff	ive date. If other than the date of filing:
If an eff <u>Note:</u>	ive date, if other than the date of filing: (optional) fective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
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Filing Fee: \$25.00