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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CG TAX, INC. Account Number : I19990000017 : (305)485-9300 Fax Number : (305)485-1098

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Email Address:	 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## ENGEL INVESTMENTS, LLC.

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENGEL INVESTMENTS, LLC.					
(Name of the Limited	d Liability Compan A Florida Limited Li	v as it now appears on our sability Company)	records.)		
The Articles of Organization for this Limited Lia Florida document number L25000028400	ability Company v	vere filed on 01/21/2025		and a	bergiez
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
N/A					
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ry Company," the designation	"LLC" or the al	obreviation "	L.L.C."
		6405 NW 36TH ST ST	E 115		
Enter new principal offices address, if applica ( <i>Principal office address MUST BE A STREET</i>		VIRGINIA GDNS, FL 3	3166		
Enter new mailing address, if applicable:		6405 NW 36TH ST STI	E 115		2025
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	8 <i>0X</i> )	VIRGINIA GDNS, FL 3	3166		) <u> </u>
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office a 5 here:	ddress on our records,	enter the nan	neof the f	Sew registe
Name of New Registered Agent:					
Nam Bagistared Office Address:	6405 NW 36TH	ST STE 115			
New Registered Office Address:	Enter Florida street address				
	virginia GDNS,		, Florida 33166		
		City		Zip Cod	de

## 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 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>	Name	Address	Type of Action
AMBR	ENGEL, LEONARDO G	6405 NW 36TH ST STE 115	
		VIRGINIA GDNS, FL 33166	□Remove
			<b>■</b> Change
			DAdd
			□Remove
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ffective date, if other than the an effective date is listed, the date must vote: If the date inserted in this ble	ock does not meet the a	pplicable statutory		ptional) after filing.) Pursuant to 61 this date will not be li	05.020 sted a
locument's effective date on the De	epartment of State's rec	OTAS.			
record specifies a delayed effectiv d is filed.	e date, but not an effect	ive time, at 12:01 a	i.m. on the earlier of	ii (b) The 90th day af	ter th
Dated	2025				
1.00	NARDO G.	NGCZ			
<u></u>	Cincolne of a minute	nuchoward concern	wive of a member		
	Signature of a member or	authorized represen	tative of a member		