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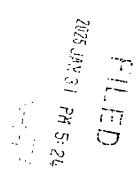
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## **COVER LETTER**

Division of Co							
SUBJECT:	FESTEMENTS LLC						
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	MARIA ISTURIZ						
	<del></del>	Name of Person					
	BOOKKEEPING SERVICES VE INC						
	Firm Company						
	1287 E NEWPORT CENTER DR , STE 201						
		Address					
	DEERFIELD BEACH, FL	. 33442					
		City/State and Zip Code					
	bookkeepingservices.ve@g	mail.com to be used for future annual report notifi					
For further information o	concerning this matter, please c		(secon)				
	wheeling the mater, preise c						
MARIA ISTURIZ  Name of Person		561 305 4101 at ()					
Name (	of Person	Area Code Daytime	Telephone Number				
Enclosed is a check for t	he following amount:						
■ \$25.00 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)				
Mailing Address: Registration Section		Street Address: Registration Sect	tion				

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

TO:

Registration Section

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

COBE INVESTEMENTS, LLC						
(Name of the Lim	ited Liability Comp. (A Florida Limited	any as it now appears ( Liability Company)	on our records.)			
The Articles of Organization for this Limited I	Liability Company	v were tiled on [0].11	7.2025	an	ıd assig	ned
Florida document number L25000033674	· · · · · · · · · · · · · · · · · · ·					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	oility company her	<u>e</u> ;			
COBE INVESTMENTS, LLC						
The new name must be distinguishable and comain the	words "Limited Liab	ility Company," the des	ignation "LLC" or t	he abbreviati	on "L.L.	C."
Enter new principal offices address, if appli	cable:	N/A				
(Principal office address MUST BE A STREET ADDRESS)					2	
					-53 - <del>53</del>	
						} ;
Enter new mailing address, if applicable:	N/A			<u></u>	;	
(Mailing address MAY BE A POST OFFICE BOX)				13	P	1
	<del></del>			.11	က်၊	$\bigcup$
				•- •	21:	
B. If amending the registered agent and/or agent and/or the new registered office addr	C*	address on our rec	ords, <u>enter the</u>	name of th	e new	register
agent and/or the new registered office addr	ess nere.					
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
	-	Enter Florida street address				
	N/A		, Florid:	a		
	-	Citr	,		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 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
AP	DE ALMEIDA , VANESSA	18818 CLOUD LAKE CIRCLE	!Add
		BOCA RATON, FL 33496	■Remove
			I Change
MGR	DE ALMEIDA, VANESSA	18818 CLOUD LAKE CIRCLE	≣Add
		BOCA RATON, FL 33496	URemove
AMBR	COCHI BEZERRA, ENRIQUE	18818 CLOUD LAKE CIRCLE	
		BOCA RATON, FL 33496	■Remove
			□Change
AMBR	COCHI BEZERRA, HENRIQUE	18818 CLOUD LAKE CIRCLE	■ Add
		BOCA RATON, FL 33496	□Remove
			□Remove
			□Add
			□ Remove
			T("hance

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  $N/\Lambda$ E. Effective date, if other than the date of filing: (optional) (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_\_\_\_\_\_ JANUARY 28 2025 BEZERRA, CARLOS A.

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Filing Fee: \$25.00

Typed or printed name of signee