LA50000 43232

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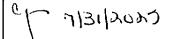
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COVER LETTER

TO:

Registration Section Division of Corporations

8065 INV.	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Maria L Galvez		
		Name of Person	
	8065 INV, LLC		
	-	Firm/Company	
	15763 SW 44 Ter		
		Address	
	Miami, Fl 33185		
		City/State and Zip Code	
	MariaLuzGalvezINV@gma		
•	E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Maria I. Galvez		786 587-3071	
Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration : Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632		The Centre of 2415 N. Monre	
Tallahassee,			ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2025. [[1] -9 P.: 6: 36

8065 INV, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 01/24/2025 and assigned
Florida document number 1.25000043232	<u> </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
MALU INV, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	15763 SW 44 Ter
1 meight office that courses and a second of the second of	Miami, Fl 33185
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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>	Address	Type of Action
			Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Remove
			Remove
			Change
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Tective date, if other tha	an the date of fil	6/1/2025		(ent	ional)
an effective date is listed, the di	ate must be specific a	and cannot be prior	to date of filing or	more than 90 days after	r filing.) Pursuant to 605.03
ote: If the date inserted in ocument's effective date on	this block does no the Department o	it meet the applic	able statutory fil	ing requirements, th	is date will not be listed
record specifies a delayed e	ffective date, but r	not an effective ti	ime, at 12:01 a.m	on the earlier of: (b) The 90th day after t
is filed.					
June 1st		2025			
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	\mathcal{M}	Catru			
-	Signature of	atua Te member or auth	onized representati	ve of a member	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00