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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	INVESTMENTS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	i '=
Please return all corresp	ondence concerning this matter	to the following:	
	HOWARD B. NADEL		
	Howard B. Nadel, P.A.	Name of Person	<u> </u>
	301 W. Hallandale Beach	Firm/Company Blvd.	
	Hallandale Beach, Florida	Address 33009	
	murielscemla@gmail.com	City/State and Zip Code	 -
	- -	to be used for future annual report notif	lication)
For further information	concerning this matter, please c	all:	
Howard B. Nadel		954 455-5100	
Name	of Person	at () Area Code Daytimo	e 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)
Regist Divisi	JNG ADDRESS: ration Section on of Corporations 30x 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCEMLA INVESTMENTS, 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 August 26, 2003 and assigned Florida document number __L03000032026 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
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		North Miami, Florida 33161	
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effective date is liste	ed, the date must be spec	ific and cannot be price	r to date of filing o	or more than 90 days a	fler filing.) Pursuant to 605 this date will not be liste	.026 ed.s
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee