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COVER LETTER

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TO: Registration Section Division of Corpo				
SUBJECT:	TEZETA	INVESTMENT LL	С	
	Name of Limi	ted Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	MARTA E	JACOFSKY		
	7-71-11-2	Name of Person		
	TEZETA	INVESTMENT LL	.C	
		Firm/Company		
	21085 NE 3	4 AVENUE SUITE	301 🚊	
		Address		
	AVENTUR	RA FLORIDA 331		
	mjacofsky@gi	City/State and Zip Code Mail.com		j
		to be used for future annual report notificat	on)	
For further information con	cerning this matter, please c	all:		
marta e jad	cofsky	305 300-174	3	
Name of P	erson	Area Code & Daytime To	lephone Number	
Enclosed is a check for the	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	ed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IEZETA INVESTME					
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now applimited Liability Compar	pears on our records.) ny)			
The Articles of Organization for this Limited Liability C Florida document number L12000077471	ompany were filed on	06/11/2012	an	d assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liability company	<u>here</u> :			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Co	mpany," the designation	"LLC" or	the abb	reviation
Enter new principal offices address, if applicable:			<u>.</u>	(TO)	
(Principal office address MUST BE A STREET ADDR			1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	뙮	٠. د د د.
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				ಧಾ	2 year y*,
Enter new mailing address, if applicable:			(T) e	- 1 9	4.300
		<u>-</u>	10 1	12.	
(Mailing address MAY BE A POST OFFICE BOX)			tona 1	(2) (2)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		on our records, <u>enter</u>	the nar	ne of t	he new
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida street aa	ldress		
		, Florida _			
	City		Zip (Code	
New Registered Agent's Signature, if changing Registered	d 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TRECH SONIA ADRIANA	2875 NE 191 STREET	Add
		AVENTURA FLORIDA 33180	Remove
MGR	SALEM JACOBO G	1180 A EAST HALLANDALE BEACH BOULEVARD	
		HALLANDALE BEACH FLORIDA 33009	Remove
			Remove
		error of the state	Add
		CO (1) CO (2) CO	Remove
			Add
			Remove
·			Add
			Remove

D. II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
Dated	
	Signature of a deadler of authorized representative of a member
	MARTA E JACOFSKY
	Typed or printed name of signee Page 3 of 3
	Filing Fee: \$25.00

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