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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE
ALLAMASSI OF STATE

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COVER LETTER

TO: Registration Se Division of Cor			
OUDLECT		VESTMENT GROUP LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	s	TEMPELLATO RUBEN O	
		Name of Person	-
	CRUMI	Z INVESTMENT GROUP LLC	
		Firm/Company	
	AUTOPISTA B	UE/LA PLATA KM 33500 T 28	
	***	Address	
	HUDSON BU	IENOS AIRES ARGENTINA	
		City/State and Zip Code	
		rrtaj@mejaccounting.com to be used for future annual report notific	eation)
For further information c	oncerning this matter, please c	·	auton)
marta e jacofsky		305 300-1743 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 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

crumiz investmen	2 .	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000019715.	were filed on 02/02/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	345 NE 194 LANE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FLORIDA 33179	
		25 5
Enter new mailing address, if applicable:	345 NE 194 LANE	10. 22 71
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FLORIDA 33179	27
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nterathe name of the nev
		λ3
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Actio
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