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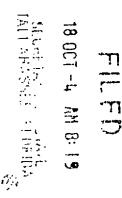
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COVER LETTER

	Registration Sec Division of Corp		•	
CEDICA		VESTMENT GROUP, LLC		
SUBJEC	. I :	Name of Lim	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspoi	idence concerning this matter	to the following:	
		Jacob Zapata, Manager		
			Name of Person	
ABRIZA INVESTMENT GROUP, LLC				
Firm/Company				
		4111 NW 78 Terrace, Apt.	. В	
Address				
		Coral Springs, FL 33065		
			City/State and Zip Code	
		abrizaent@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please co	all:	
Jacob Za	ipata, Managing	Member	954 245-9068	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABRIZA INVESTMENT GROUP. L				_	_
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	tny as it now appears (Liability Company)	in our records.)		
The Articles of Organization for this Limited Liab Florida document number 1.15000090994		were filed on 05/22	2/2015	and	l assigned
This amendment is submitted to amend the follow					
A. If amending name, enter the new name of t	he limited liah	oility company here	<u>:</u> :		
Abriza, LLC					
The new name must be distinguishable and contain the wor	ds "Limited Liabi	ility Company," the desi	gnation "LLC" or t	the abbreviation	n "L.L.C."
Enter new principal offices address, if applicat	ole:	N/A			_
Principal office address MUST BE A STREET	ADDRESS)			<u> </u>	
				T.E. (}
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE BOX)	<u>0X)</u>		<u> </u>		S
		<u>. </u>		<u> </u>	
B. If amending the registered agent and/or			our records, <u>ei</u>	nter the na	me of the p
registered agent and/or the new registered offi	<u>ce address her</u>	<u>·e</u> :			
Name of New Registered Agent:	N/A				<u>-</u> .
New Registered Office Address:					_
-		Enter Florido	a street address		
			Florid		
		City		Zip C	ode

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			
			☐ Remove
			□ Change
			Remove
			Add T
			Remove Control of the
		_	🗀 Add

Samandina and attention in Comparison	anton abanquia) banas (turah additional abauta if u	acarrage i
amending any other information, N/A	, enter change(s) here: (Attach additional sheets, if no	ecessary.)
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ffective date, if other than the date	e of filing: (or	otional)
ote: If the date inserted in this block d	pecific and cannot be prior to date of filing or more than 90 days aldoes not meet the applicable statutory filing requirements,	this date will not be listed as
ocument's effective date on the Depart	ment of State's records.	
e record specifies a delayed eff The 90th day after the record	ective date, but not an effective time, at 12:0	1 a.m. on the earlier of
The John day after the record	is med.	
09/25/2018 ated	2018	Q
anco		18 5E, 5E
	Manager	18 OC
Signa	ature of a member or authorized representative of a member	
Jacob Zapata, Manager		
- Jacob Lapata, Wanagei	Typed or printed name of signee	
	A have not become amount of sufficient	\$22 GO 1

Page 3 of 3

Filing Fee: \$25.00