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COVER LETTER ' '

TO:	Registration Sec Division of Corp			
CLID ID		INVESTMENT GROUP, LL	С	
SUBJEC	JI;	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Mark Kramer, AMBR		
			Name of Person	
		Vigilant Investment Group	, LLC	
			Firm/Company	
		3223 King George Drive		
			Address	
		Orlando, FL 32835		
			City/State and Zip Code	<u> </u>
		govigilant@gmail.com	to be used for future annual report notifi	
For furth	er information co	oncerning this matter, please ca		cation
Mark Kı	ramer		321 438-5688 at ()	
	Name of	Person		Telephone Number
Enclosed	l is a check for the	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:

TO:

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

(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number L16000017951	were filed on JANUARY 2	26th, 2016	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation '	"LLC" or the abbre	viation "L.L.C."
Inter new principal offices address, if applicable:			ener in
Principal office address MUST BE A STREET ADDRESS)		,3¥(∧ 	<u>වා</u>
		19- FT 3	= -1
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nter new mailing address, if applicable:		i figur	1745 1145 g 1 g
Mailing address MAY BE A POST OFFICE BOX)		≓ <i>0</i> ⇔∵	
Mulling undress MAT BE A FOST OFFICE BOX)			,
S. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent:		ords, enter the	e name of the
New Registered Office Address:	Enter Florida street a	ddraes	
	Liner vioriau sireet a	uur caa	
	Cin	, Florida	7in Code
	Citv		Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mark Kramer	3223 King George Drive	Add
		Orlando, FL 32835	Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			Add Remove
			Change ³
			□ Remove
			□ Change

ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot lote: If the date inserted in this block does not meet the ocument's effective date on the Department of State's erecord specifies a delayed effective date, The 90th day after the record is filed.						
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Filing Fee: \$25.00