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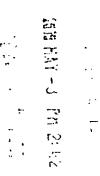
(Requestor's Name)
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COVER LETTER

Division of Cor			
SUBJECT: 10	17 Investme	ents LLC ited Liability Company	
	Amendment and feets) are sub-	_	
	Gerardo	CAPRAS QUE S	20
	1017	Investments i	-LC
	3904 F	stepona Ave	
	Doral	FL 33178 City/State and Zip Code	
	Caracle E-mail address: (1	O FOYaif Gmail.	COM-
For further information c	oncerning this matter, please ca	dh:	
Andreine Name o	Vethencourt	at (305) - 676 Area Code Daytime	- 1959 _ Telephone Number
Enclosed is a check for the	ne 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

1017 Invest	ments LLC	
(<u>Name of the Limited Lia</u> (A Flor	bility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number $_$ \bot 1600093		2 16 2016 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	City	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
MGR	Adriana Vethencour	t 5955 NW 105 CT	
		Apt 826 Doral FL 331	78 🗆 Remove
			☐ Change
			Remove
			Change
			□ Remove
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			□ Remove
			□ Change

Effective date, if other than the date of filing: I'm effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsonant to 605,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as Jocument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Signature of a member or any borner between takes of a member. Signature of a member or any borner between takes of a member.		
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	Dated	05/01/19
		Signature of a member or authorized representative of a member

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Filing Fee: \$25.00