L19000684315

Florida Department of State
Division of Corporations
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        Division of Corporations
        Fax Number   : (850)617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FDMR INVESTMENTS, LLC

Certificate of Status	0
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Page Count	03
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MAR 13 2020

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FDMR INVESTMENTS, LLC
__(Name of the Limited Liability Company as it now appears on our records.)__
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____April 12, 2019_____ and assigned Florida document number __L19000096315__.

This amendment is submitted to amend the following:

A. If amending name, __enter the new name of the limited liability company here__:

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, __enter the name of the new registered agent and/or the new registered office address here__:

Name of New Registered Agent: _____

New Registered Office Address: _____
                                        Enter Florida street 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, <u>enter the title, name, and address of each person being added or removed from our records:</u>

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALFIE, FLAVIO	2061 NE 210 ST	☐ Add
		MIAMI, FL 33179	☒ Remove
			☐ Change
MGR	ALFIE, DARIO	11060 GRIFFING BLVD	☐ Add
		BISCAYNE PARK, FL 33161	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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20 MAR 12 AM 9:30 FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated __3|10|2020__

_____
Signature of a member or authorized representative of a member

MIGUEL ALFIE
_____
Typed or printed name of signee