Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : I20020000100 Phone : (305)944-9755 Fax Number : (888)401-1914

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PICCOLO INVESTMENTS

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2017-05-02 22 22:26 (GMT)

1-888-401-1914 From: Silvas Financial Services, LLC

(((H17000120916 3)))

COVER LETTER

TO:	Regi Divi	stration Secti ion of Corpo	on rations					
SUBJEC		PICCOLO IN	VESTMENTS					
	-, -		Name of Lim	ited Liability Company				
The enclo	osed.	Articles of An	nendment and fee(s) are sub-	mitted for filing.				
Please re	tum :	all correspond	ence concerning this matter	to the following:				
			ALEJANDRO LEVINTO					
			den in district programs in the second description of the second	Name of Person	***************************************			
			PICCOLO INVESTMENT					
				Firm/Company 📈				L.C
			175 SW 7TH STREET ST	E 1211				
				Address			7	SEC.
		٦	MIAMI, FL 33130	•			HAY	AH TO
				City/State and Zip Code			ယ်	38.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1
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For further	er int	ormation cond	E-mail address: () cerning this matter, please co	to be used for future annua. all:	l report notification	1)	7 HAY -3 AM 10: 13	1.00.1 1.00.1 1.00.1
ALEJAN	NDRO	O LEVINTON	1	954 83	211404		ယ	P
		Name of Pe	erson	Area Code	Daytime Telep	ohone Number		
Enclosed	is a	check for the i	following amount:					
\$25.0)O Fi	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (miditional copy is enclosed		
				Şt				1. 7

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
Taltahassee, FL 32301

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2017-05-02 22:22.26 (GMT)

1-888-401-1914 From: Silvas Financial Services, LLC

(((FI17000120916 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PICCOLO INVES			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	06/04/2012	and assigned
Florida document number L12000074389		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
PICCOLO INVESTMENTS L.L.C.			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the C	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			F U
			3
Enter new mailing address, if applicable:	N/A		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
			2 DE
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	Mice address or <u>e</u> :	our records, <u>ente</u>	r the name of the new
	₩ ,		
Name of New Registered Agent:			ar mangangan pana daya kamil kila dali dali miji mijiri mangan makilakhilakhi dali sala mangan masi kati dali
New Registered Office Address:			
New Registered Villed Francess.	Enter Flo	rida street address	
		, Florida	
	City		Zip Cock
New Registered Agent's Signature, if changing Registered Agent:			
			1 146 41

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

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1-888-401-1914 From: Silvas Financial Services, LLC

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MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = .	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
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			□ Remove
		ن. را	□ Change □
			□ Rédove (AK)
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2017-05-02 22:22:26 (GMT)

1-888-401-1914 From: Silvas Financial Services, LLC

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	ending any other information, enter changé(s) here: (Attach additional sheets, if necessary.) N/A	_	
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ne red The	cord specifies a delayed effective date, but not/an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	lier of	:
Dated	MAY, 05		
	Signature of a morphor or duthyfized representative of a member		
	ALEJANDRO LEVINTON Typed or printed name of signee		

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Filing Fee: S25.00