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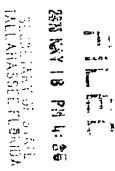
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COVER LETTER

TO: Registration Se Division of Cor			
NOEMLIN	VESTMENTS SERVICES LLC	:	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	NOEMI ALVAREZ ROMI	ERO	
	Address TAMPA FL 33603 City/State and Zip Code MNROMERO4@GMAIL.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call:	-	
	NOEMI INVESTMENTS S	SERVICES LLC	
		Firm/Company	
	1709 W JOHNSTON AVE		Name of Person CES LLC Firm/Company Address State and Zip Code ed for future annual report notification) 813 310-0454 at (
		Address	
	TAMPA FL 33603		
		City/State and Zip Code	
			cation)
For further information c			
NOEMI ALVAREZ RO	MERO	at ()	The base March and
Name o	t ^e Person	Afea Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 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)
	ING ADDRESS:	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOEMI INVESTMENTS SERVICES 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 $\frac{04/04/2018}{1}$ and assigned Florida document number _ L18000085709 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROMERO & SONS INVESTMENTS SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 33603 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.

City

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	NOEMI ALVAREZ ROMERO	1709 W JOHNSTON AVE TAMP:	⊒ Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
			□ Change
			Age:
		Refflore	
			Sign Change
			CGA CSA CSA CSA CSA CSA CSA CSA CSA CSA CS
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seument's effective date of	ar the Department of a	state a records.				
e record specifies a d	lelaved effective /	date hut not a	n effective tir	ne at 12:01 au	m on the e	arlier
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7	Agnature of a Joinni Alwicz	member or authoriz	ed representative o	f a member	\$ S S S S S S S S S S S S S S S S S S S	90

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Filing Fee: \$25.00