## 18000097483

(Re	questor's Name)	
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DIVISION OF CORPORATIONS

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## **COVER LETTER**

Division of Co	rporations		•
		•	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	GABRIEL AMIEL		
		Name of Person	
	INVEST CAPITAL HOLI	DING, LLC	
		Firm/Company	<del></del>
	20900 NE 30TH AVE, SU	ITE 914	
		Address	
	AVENTURA, FLORIDA	33180	
	GA@AMIELGROUP.COM	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
GABRIELAMIEL		305 785 8306 at ( )	
Name o	Name of Person  INVEST CAPITAL HOLDING, LLC  Firm/Company  20900 NE 30TH AVE, SUITE 914  Address  AVENTURA, FLORIDA 33180  City/State and Zip Code  GA@AMIELGROUP.COM  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  305 785 8306  at ()  Area Code Daytime Telephone Number  or the following amount:  E \$\Begin{small} \Begin{small} \Sample \text{30.00 Filing Fee & Boo.00 Filing Fee.} \\ \Certificate of Status \\ \Certificate of Status \\ \Certificate Copy \\ \text{(additional copy is enclosed)} \end{small}  Certified Copy  Certified Copy		
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

The Articles of Organization for this Limited Liability Company were filed on L18000097483  Florida document number			
mited liab	ility company here:		
imited Liabil	lity Company "the decimation "LLC" or the	abbreviation "I	1.0
annes must	20900 NE 30TH AVE	addieviannii 1,	.1,
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	AVENTURA, FL 33180	=	E E E E E
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	AVENTURA, FL 33180		- <u> </u>
<u>n</u>	nited liab	mited liability company here:  mited Liability Company," the designation "LLC" or the 20900 NE 30TH AVE  SUITE 914  AVENTURA, FL 33180  20900 NE 30TH AVE  SUITE 914	mited liability company here:  mited Liability Company," the designation "LLC" or the abbreviation "L 20900 NE 30TH AVE  SUITE 914  AVENTURA, FL 33180  20900 NE 30TH AVE  SUITE 914  SUITE 914

## 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

Zip Code

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
11GR	AMIEL GABRIEL	20900 NE 30th Avenue	Add
		Suite: 914	☐ Remove
		Aventura, FL 33180.	☐ Change
MGR	AMIEL GABRIEL	2875 NE 191 Street	Add
		Suite: 500	Remove
		Aventura, FL 33180.	☐ Change
			🗆 Add
			☐ Remove
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ffective date, if other an effective date is listed to the date in second ocument's effective	ed, the date must be sported in this block do	ecific and cann es not meet t	he applicable	ate of filing of statutory fi	more than 90 ing requiren	(optional days after filing tents, this date	g.) Pursuant to 6	605.020 isted a:
e record specifie The 90th day af	s a delayed effe ter the record is	ctive date, s filed.	but not ar	n effective	time, at	12:01 a.m.	on the ear	rlier c
ated	7/18	2	018					
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	Signar	TRUE THE PERSON						

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Filing Fee: \$25.00