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B. BOSTICK

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COVER LETTER

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Córporations |

SUBJECT: METRO INVESTMENTS, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sohinder Malhotra

Name of Person

Metro Investments, LLC.

Firm/Company

1207 Tranquility Court

Address

Naperville IL 60540

City/State and Zip Code

kirpalgrace@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sohinder Malhotra

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

METRO INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| | | c 05/10/20 | 001 |
|---|-----------------------|---------------------------------|---|
| The Articles of Organization for this Limited I Florida document number L0100007402 | Liability Company | were filed on or for 20 | and assigned |
| Florida document number | <u> </u> | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liab | ility company here: | |
| The new name must be distinguishable and end with the | e words "Limited Liab | ility Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| Futou nous mailing address if amplicables | | 1207 Tranquility C | Court |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | E POV | Naperville IL 6054 | |
| Midding duaress MAT BE A FOST OFFICE | <u> </u> | | 1 () () () () () () () () () (|
| | | | لين |
| B. If amending the registered agent and registered agent and/or the new registered of | | | ecords, enter the name of th |
| registered agent and/or the new registered of | mice address her | <u>c</u> . | |
| Name of New Registered Agent: | Shari Malh | otra | |
| | 7776 - 43rd | Street North | |
| New Registered Office Address: | | Enter Florida street | address |
| New Registered Office Address: | | | |
| New Registered Office Address: | Pinellas Pa | | , Florida 33781 Zip Code |

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** 7776 - 43rd St North **Shari Malhotra** MGR **■** Add Pinellas Park FI 33781 ☐ Remove □ Add ☐ Remove □'Add • □-Remove _ Add _□ Add

| | | <u> </u> |
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| | late of filing: It be prior to date of receipt or filed date and cannot be rida Department of State) | (optional) e more than 90 days after |
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| te this document is filed by the Flor | rida Department of State), 2014 | |
| te this document is filed by the Flor | 2014 nalling Signature of a member or authorized representative | |

Page 3 of 3

Filing Fee: \$25.00



June 13, 2014

SHARI MALHOTRA METRO INVESTMENTS, LLC 1207 TRANQUILITY COURT NAPERVILLE, IL 60540

SUBJECT: METRO INVESTMENTS, LLC

Ref. Number: L01000007402

We have received your document for METRO INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 314A00012874