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REJECTION T

COVER LETTER

	gistration Sec ision of Corp			
SHID IECT.	Fed Property	Investments, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Peter Zompa		
		Miami Accounting Group	Name of Person	
		PO BOX 192434	Firm/Company	
		Miami Beach , FL 33119	Address	
		peter.zompa2015@gmail.co	City/State and Zip Code om	
		E-mail address: (t	to be used for future annual report no	otification)
For further in	nformation co	ncerning this matter, please ca	all:	
Peter Zompa	ı		786 805-3527	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for the	o following amount:		
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, 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**

Fed Property Investments, LLC				
(<u>Name of the Limited I</u> (A	Liability Compa Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liabi	lity Company	were filed on 10/18/2004	1	_ and assigned
Florida document number 1.04000075267	·			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liab	oility company here:		
The new name must be distinguishable and contain the words	s "Limited Liabi	lity Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicabl	175 SW 7th St #1803			
(Principal office address MUST BE A STREET A	(DDRESS)	Miami.FL 33130		1
			-	19 SE1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 192434	AllAss	FI MAY 2
		Miami Beach, FL 33119) 715	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of	ffice address on our r e:	ecords, enter the	name of the n
Name of New Registered Agent:	Peter Zompa	<u> </u>		
New Registered Office Address:	75 Sw 7th St #			
		Enter Florida street	address	-
<u> </u>	/liami		, Florida ³³¹³⁰	
_		City		Zip Code
New Registered Agent's Signature, if changing Regi	stered 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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. Effective date, if other than th	ne date of filing:		(ant	ional)	
(If an effective date is listed, the date m <u>Note:</u> If the date inserted in this b document's effective date on the I	ust be specific and cannot be block does not meet the a	applicable statutory	or more than 90 days after	er filing.) Pursuant te	o 605.020 : listed as
the record specifies a delaye  o) The 90th day after the rec	ed effective date, bu cord is filed.	it not an effecti	ve time, at 12:01	a.m. on the e	arlier o
	1,9				
Dated 5/79/	·	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00