## 1070000000995

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D. SCOTT OCT 6 2017

## **COVER LETTER**

	gistration Sect vision of Corp					
		ER INVESTMENT CONSUL	TING LLC			
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	I Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		ESTHER EGOZI CHOUK	ROUN			
		A-97	Name of Person			
		TWENTY TWO LLC				
	Firm/Company					
	TWO SOUTH BISCAYNE BOULEVARD, SUITE 1800			00		
		-	Address			
		MIAMI, FLORIDA 33131				
		EEC@TWENTYTWOLL	City/State and Zip Code C.COM		·	
		E-mail address: (	to be used for future annual repo	ort notification)		
For further is	nformation cor	neerning this matter, please co	all:		MII COT	ها محدد د محدد
ES	THER EGOZ	I CHOUKROUN	305 at ()	903-6621		177
	Name of I	Person	Area Code I	Daytime Telephone Number	D # 3H	<sub>り</sub>
Enclosed is:	check for the	following amount:		/	3	
□ \$25.00 E	Tiling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	te of Status &	

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

f:LA	GLER INVESTME	WT CONSULTI	NG LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appe	ars on our records.)	-		
The Articles of Organization for this Limited L L07000000995	Liability Company			011	_ and assig	gned
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of TWENTY TWO LLC	of the limited liab	ility company	<u>here</u> :			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the	designation "LLC" or	the abbrev	iation "L.I.	.C."
Enter new principal offices address, if appli	cable:	N/A			<del> </del>	
(Principal office address MUST BE A STREE	ET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> BOX)</u>	N/A				
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			on our records, <u>e</u>	nter the	name o	f the r
New Registered Office Address:				3.5	7 3	
<u> </u>			lorida street address Florid		ڊر ا	
		City			Zip Cikde	
New Registered Agent's Signature, if changing	Registered Agent:			, -	## 131	

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 = Manager AMBR = Authorized Member **Type of Action** Address Title Name. \_□ Add \_□ Remove \_ Change \_□ Add □ Remove ☐ Change \_□ Add □ Remove \_□ Change □ Add ☐ Remove \_□ Change S T□ Vq4 r= ← □ Remove يبر \_D Change \_□ Remove

\_\_\_\_\_ Change

1. 4	tion, enter change(s) here: (Attach additional	
<u> </u>		
		<del></del>
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and cannot be prior to date of filing or more thock does not meet the applicable statutory filing rec	(optional) han 90 days after filing.) Pursuant to 605,0207 (3) quirements, this date will not be listed as the
the record specifies a delayed The 90th day after the rec	l effective date, but not an effective time ord is filed.	e, at 12:01 a.m. on the earlier of:
OCTOBER 2	2017	
Dated	. 2017	/n } 3 '
<del></del>	Signature of a member or authorized representative of a	member
ESTHER EGOZI CHO	JKROUN	Q : \fi
•	Typed or printed name of signee	<u> </u>

Page 3 of 3

Filing Fee: \$25.00