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TALLAHASSEE FLORIDA

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# COVER LETTER

TO: Registration S Division of Co	Section · orporations		
SUBJECT: 9	847 Investment Name of Lim	LLC ited Liability Company	————————————————————————————————————
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Gern	Name of Person	NAME OF THE PARTY
		Firm/Company	
	919 Holl	yexood Blud Address	
	Hollyux	00 d, Tl. 33019. City/State and Zip Code	
	<u>german Kar</u> E-mail address: (	to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
Corlott Name	Aluarez of Person	at ( <u>305</u> ) <u>95] –</u> Area Code Daytime	4246 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

9847 Inves	tment, LLC
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 05 15 2007 and assigned
Florida document number <u>LO200051520</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
	Ass -
The new name must be distinguishable and end with the words "l	Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	デー
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	—————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> ldress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u></u>	, Florida
	City 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.

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 Title Name Address Type of Action Vegas de Kann, Contaveta 919 Hollywood Blud 0 Add MGR Hollywood, +1. 33019 □ Add ☐ Remove □ Add \_\_\_\_ □ Remove ☐ Add ☐ Remove ☐ Add □ Remove □ Add ☐ Remove

' <u>'</u>		
Effective date, if other the effective date must be stated this document is fi	er than the date of filing: (options specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the florida Department of State)	al)
the date this document is fi	iled by the Florida Department of State)	al)
Effective date, if other The effective date must be the date this document is find the dated	er than the date of filing:	al)

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Filing Fee: \$25.00