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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Aut I Tuvestments 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:
Alejandro Alutorio Alutz
Aute Tuvestnents LLC Firm/Company
350 S MICMI Ave #A
MIAMI, FL 33/30  City/State and Zip Code,  ANEZA/EIANDRO QUAMI. Com  E-mail/address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Al Elawaro Autonio Ant at (954) 993-2612  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

## 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

	ES/MEW/S LL bility Company as it now appears on our orida Limited Liability Company)	,	
The Articles of Organization for this Limited Liabilit Florida document number <u>LO80000</u> 27	y Company were filed on/ 691/	17/2008 and assigned	
This amendment is submitted to amend the following	<b>į</b> :		
A. If amending name, enter the new name of the l	limited liability company here:		
ANE BLOCK CHAIN The new name must be distinguishable and contain the words	INVESTMENTS.	LLC	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET AD	ODRESS)		_
			_
		ε·	
Enter new mailing address, if applicable:		<u> </u>	-
(Mailing address MAY BE A POST OFFICE BOX)			_
		SS Pa	_
B. If amending the registered agent and/or re			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ecords, enter the name of the	new
registered agent and/or the new registered office a	iduless nere.	6HG 143 64 : 4	
Name of Name Descriptions of Agreement		>>	
Name of New Registered Agent:	·	·	-
New Registered Office Address:	r . ri · i .		_
	Enter Florida stree	t adaress	
	City	, Florida Zip Code	_
	Cuy	zip Coae	

### 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 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

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an effective date is list	ted, the date must b	se specific an	d cannot b	e prior to d	late of filing	or more th	ın 90 days a	after filing.) P	ursuant	to 605.02
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