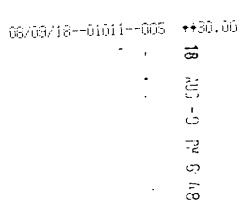
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AUG 1 3 2016 S. PRATHER

## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:		CLAIN LUVE ited Liability Company	-striEuts, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alex	Rudro Alutonia	o Autz
		t ithick thingaily	INVESTMENTS, LIC
	350 S	MIRMI Ave	#A_
	MIAMI	FL 3313 City/State and Zip Code	<i>D</i>
	ANEZALEJ E-mail address: (	City/State and Zip Code  ANDRO Q Q MAI  to be used for future annual report notif	L. Com
For further information of	concerning this matter, please ca		
ALEJANO	Ro Autorio	Area Code Daytime	2612 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	Ø \$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

-/NEZ R/	ockchain	INVESTMEN	its ILC
(A FI	ability Company as it now ap orida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited Liabili Florida document number <u>L D 8 D D D D 2</u>	ty Company were filed on	03/17/2008	and assigned
This amendment is submitted to amend the following	ਨੂ:		-2
	ENTS, LLC		. 60 6.
The new name must be distinguishable and contain the words	"Limited Liability Company." t	he designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET AL			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or r registered agent and/or the new registered office		on our records, enter	the name of the new
Name of New Registered Agent:		<del>-</del> ·	
New Registered Office Address:	Enter	Florida street address	
_		, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
<u>-</u>		, <u></u>	
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Page 3 of 3

Filing Fee: \$25.00