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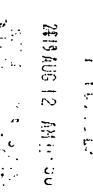
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COVER LETTER

	ision of Cor	porations		
eun ir ee	3800 INVE	STMENTS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Richard J. Delgado, Esq.		
			Name of Person	
		Delgado & Delgado, P.A.		
			Firm/Company	
		18590 NW 67TH AVE, Su	nite 200-A	
		·	Address	
		HIALEAH, FL 33015		
		rjdlaw1@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notit	ication)
For further in	nformation c	oncerning this matter, please ca	all:	
Richard J. D	elgado, Esq.		786 363-4200	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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

MAILING ADDRESS:

TO:

Registration Section

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

	NORD-OUEST HOLDING, LLC		
	(Name of the Limited)	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
	The Articles of Organization for this Limited Liabi Florida document number L08000099419		008 and assigned
	This amendment is submitted to amend the following	ing:	
	A. If amending name, enter the new name of th	e limited liability company here:	
	The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	tion "LLC" or the abbreviation "L.L.C."
	Enter new principal offices address, if applicabl	le:	
	(Principal office address MUST BE A STREET A	ADDRESS)	
			
•	Enter new mailing address, if applicable:	<u>. —</u>	
	(Mailing address MAY BE A POST OFFICE BO	<u></u>	. 20
			27
	B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our	records, enter the name of the n
	registered agent, and or the new registered orner	e address nere.	•••
	Name of New Registered Agent:	······································	
	New Registered Office Address:		
		Enter Florida st	reet address
	-	City	Florida
		Cuy	Lip 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Roberto Blanco Trustee of Blanco Family Trust dated 7/13/16	P.O. BOX 4548	
		Hialeah, Fl. 33014	Li Add
			□ Remove
			Change
MBR	Robert A. Blanco	P.O. BOX 4548	
		Hialeah, FL 33014	Add —— -
		malean, r.C. 55014	□ Remove
			Change
			Add
			☐ Remove
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Effect	ive date, if other than the date of filing: (optional)
(If an eff Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August 2, 2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Richard Delga do, E59. Typed or printed name of signee

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Filing Fee: \$25.00