20900002379

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COVER LETTER

TO:

	Registration S Division of Co								
cub ira		nvestment LLC							
SUBJEC	. I :	Name of Lin	nited Liability Company						
The encl	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.						
Please re	turn all corresp	ondence concerning this matter	to the following:						
		Maria L Rojas							
			Name of Person						
		Paz Accounting Company							
			Firm/Company						
9445 SW 40 Street Suite 103									
			Address						
		Miami FL 33165							
			City/State and Zip Code						
		maria@pazaccounting.com							
		E-mail address: (to be used for future annual repo	ort notification)					
For furth	er information	concerning this matter, please concerning	all:						
Maria L	Rojas		786 900-0°	729					
	Name	of Person		Daytime Telephone Number					
Enclosed	is a check for	the following amount:							
	00 Filing Fee	☐ \$30.00 Filing Fer & 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)					
	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	Registration Division of C Clifton Build	Corporations					

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magdas Investment LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited I Florida document number L09000002379	_iability Company	were filed on 01/08/2009	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company." the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	18 18
(Principal office address MUST BE A STRE	ET ADDRESS)		AUG
			6 2 RATE
		•	00000000000000000000000000000000000000
Enter new mailing address, if applicable:		N/A	FOR S
(Mailing address MAY BE A POST OFFICE	BOX)		# AN
			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	•		rds, enter the name of the no
New Registered Office Address:		Enter Florida street add	ress
			₽1 cutol c
		City	Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
COO	Isabel Emilia Jardine	11255 SW 88 Street	
		Suite G-212	
			Remove
		Miami FL 33176	Change
			Add
			☐ Remove
			Change
			Add
			Remove
		_	Change
 -			Add
			Remove
			Change
			Remove
			☐ Change
			□ Remove
			□ Change

N/A						<u> </u>		 .	<u></u>	
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			ŀ	August 24, .	2018					
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ote: If the	date inserted in ffective date or	this block doe	es not meet	the applica	ible statutor	filing requ	irements, t	his date wi	ll not be liste	ed as
	pecifi es a de day after th			e, but no	an effect	ive time,	at 12:01	a.m. on	the earlie	er o
Augus	n 21		2	5018						
			[]	7 	_ ·					
			1797	//						

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Typed or printed name of signee

Filing Fee: \$25.00