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(Re	equestor's Name)	
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Office Use Only

COVER LETTER

Division of Corp	orations		· ·
SUBJECT: Fquitu	Investment S	SECVICES, LLC ited Liability Company	
	mendment and fee(s) are sub-	-	
Please return all correspond	dence concerning this matter t	to the following:	
	christo	Name of Person	= <u> </u>
	Equit	y Investment Ser	rvices,LLC
	<u>7575 C</u>	or Phillips Blvd, Su Address	ite 390
	or'	lando, FL 32819 City/State and Zip Code	9
	LKoyachev 6 E-mail address: (i	o be used for future annual report notif	ication)
For further information con	ncerning this matter, please ca	ત્રી!:	
chris Savi	Person	at (<u>407</u>) <u>573 – C</u> Area Code Daytime	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

TO:

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

FILED 2015 AUG 24 PM 3: 03

	01	SECRETAIN OF ALLE
	(1 - 0 - 1 - 0) OC (SECRETARY OF STATE JALLAHASSEE, FLORIDA
	<u>estment services, L</u>	
(A Flo	bility Company as it now appears on our re rida Limited Liability Company)	<u>coras.</u>)
	v Company were filed on 1/30/6	
e Articles of Organization for this Limited Liability	y company were mea on	and assigned
orida document number <u>LD900001020</u>	<u>/</u> .	
is amendment is submitted to amend the following	;	
If amending name, enter the new name of the l	imited liability company here:	
e new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET AD	DRESS)	
		
nter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
failing address MAY BE A POST OFFICE BOX)		
If amounting the marietannel areas and/an are	alahamad afficia adda	
If amending the registered agent and/or registered agent and/or the new registered office a		ords, enter the name of the n
Name of New Registered Agent:		
name of new registered Agent.		
New Registered Office Address:		F.7
	Enter Florida street ad	Idress
		, 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>	Name	<u>Address</u>	Type of Action
MBR	Christopher Savino	7575 Or Phillips Blvd	
		Suite 390	□ Remove
		Orlando, Pl 32819	Change
			Add
			☐ Remove
			☐ Change
			Add
		 -	□ Remove
			Change
			Add
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			Change
			Add
			□ Remove
			Change

E. Effective date, if other than the date of filing: ((If an effective date, if other than the date of filing: ((If an effective 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 (2) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filled. Dated Signature Viguet must be subjected as the member of signer of signer of signer of signer of signer.					
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Filing Fee: \$25.00