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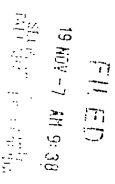
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COVER LETTER

TO: Registration Section Division of Corporations		
Troves	stragent notions LIC.	
SUBJECT:	Name of Limited Liability Company	<u>, , , ,</u>
The enclosed Articles of Amendmen	t and fee(s) are submitted for filing.	
Please return all correspondence con-	cerning this matter to the following:	
	Jose C. Per	17
	Name of Person	
	Investment Options Firm/Company	LLC
	Firm/Company	
	7304 SW 148 4	
	Miami FC 33 City/State and Zip Code	193
	E-mail address: (to be used for future annual	report notification)
For further information concerning to		
Jose force	at (<u>7</u> 16)	399 - 1840
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following	gamount:	
S25.00 Filing Fee S30.0 Cert	() Filing Fee & S55,00 Filing Fee & Certified Copy (additional copy is end	Certificate of Status &
MAILING ADD	RESS: STREET	T/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Investment Dotion	S LUC
(Name of the Limited Liability Compan (A Florida Limited Li	lability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number	were filed on $3/6/2069$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Jose Ramirez	12350 SW 212 St	Add
		MIani, FC 33177	Remove
			Change
fmb r	Annette Hernandez	12350 SL 212 St	Add
		Miani, Fi 33177	☐ Remove
		 	Change
			Remove 7
			□ Ghange T 99 □ Wild
			□ Remove
			Change
			Add
			□ Remove
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_____ Change

				
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fective date, if other in effective date is listed, the	than the date of filing: _ ne date must be specific and car	mot be prior to date of fili	(or ng or more than 90 days a	o tional) iter-filing.) Pursuant to 605.0:
ote: If the date inserted	in this block does not mee on the Department of State	t the applicable statuto	ry filing requirements, (his date will not be listed
	•			
	delayed effective date	e, but not an effec	tive time, at 12:0	
The 90th day after	the record is filed.			(1.50 ± 1.50 ±
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00