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To:			
	Division of Co	rporations	,
	Fax Number	: (850)617-6383	Ţ.
From:			
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNLOVE INVESTMENTS, LLC.

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Email Address:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INCOVE INVESTMENTS,		
(Clause of the LAM	ted Linbility Company as it is (A Florida Limited Liability)	sow appears on our records Company)	Ľ
The Articles of Organization for this Limited I Florida document number <u>L09000058987</u>	• • •	led on 06/17/2009	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability con	mpany here;	
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC"	er the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of		ldress on our records,	enter the name of the ver
Name of New Registered Agent:	JOSE LUIS AMOROS	BISQUERRA	
New Registered Office Address:			
		Enter Florida street address	
			rida
	. Cit	y	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 'he limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of liew Resistered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bring added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	AMOROS, JOSE L	10230 NW 52 LANE	
		DOD 11 71	□ Add
		DORAL, FL	Remove
		33178	
	,		Change
MGR	AMOROS BISQUERRA, JOSE LUIS	10230 NW 52 LANE	D 444
	<u> </u>	DORAL, FL	
			□ Remove
		33178	
	SOL DE AMOROS, MARIA C.	10000 NIW 60 7 AND	Change
MGR	JOE DE RIMORDS, (MARIA C.	10230 NW 52 LANE	
		DORAL, FL	
			Remove
		33178	Change
MGR	SOL DOMINGUEZ, MARIA	10230 NW 52 LANE	
	DEL CARMEN		
		DORAL, FL	□ Remove
		33178	Z COP

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable stantory filing reclocument's effective date on the Department of State's records.	quirements, this time will not be not	
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 3.m. on the earli	ier c
Signature of a member or authorized representative of a	a meinber	
JOSE LUIS AMOROS BISQUERRA		

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