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SECRETARY OF STATE
TALL AHASSFE RADAM

T. CLINE

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EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Molina		vestments 21	<u>.</u> C	
	Name of Limi	ted Liability Company		
The enclosed Articles of Amenda	nent and fee(s) are sub	omitted for filing.		
Please return all correspondence of	concerning this matter	to the following:	·	
	Jose	Name of Person		
		Name of Person		
M	alina to	X Investment	ts LLC	<u> </u>
52	200 NW	43rd street suit	Te 102	#26
		Florida, 32.6 City/State and Zip Code	•	
- 3	r+baller E-mail address: (1	Oh of more, leave of the used for future annual report notification	cation)	27 ha
For further information concerning		•	,	SECH SECH
\	3		-0:0	PR 16
JOSE KNIZ	<u> </u>	at (305) 720 - 1	5914	
Name of Person		Area Code & Daytime	: Telephone Number	OF STA
Enclosed is a check for the follow	ing amount:			TATE IN
\$25.00 Filing Fee \$30 C	.00 Filing Fee & ertificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
MAILING ADI		STREET/COURI		
Registration Sec Division of Corp		Registration Section Division of Corpora		
P.O. Box 6327 Tallahassee, FL	32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FX Investments Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 22, 20 10 and assigned Florida document number 1 10000 99247 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

"L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012. Signature of a member or authorized representative of a member E KUZ
Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00