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COVER LETTER

AVISPA I SUBJECT: _	NVESTMENTS LLC.			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JAVIER QUINTERO			
	A LIAN A IN LINATE APPLITA	Name of Person		
	AVISPA INVESTMENTS	LLC.		
Firm/Company 16560 SW 82 STREET				
	MIAMI FL 33193	Address		
	jquintero@luckystarthoines	City/State and Zip Code .com		
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please ca	all:		
JAVIER QUINTERO		305 9709911		
Name	of Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for	he 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:

TO:

Registration Section
Division of Corporations

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

AVISPA INVESTMENTS LLC. (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 $\frac{01/12/2018}{}$ and assigned Florida document number L10000105312 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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

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>	<u>Name</u>		Address	Type of Action
MGR	MARIA E QUINTERO			
			16560 SW 82 STREET MIAMI	
			FL 33193	Remove
				□ Change
MGR	MARIA CLEMENCIA ALVAREZ		16560 SW 82 STREET MIAMI FL 33193	= Add
		_		
				□ Remove
		_		□ Add
				<u>c</u> □ Remove
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ective date, if other than the date of filing: 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.
te: If the date inserted in this block does not meet the applicable statutory filing re	equirements, this date will not be liste
ument's effective date on the Department of State's records.	
was and an action and allowed affective data. But not an affective bisse	
record specifies a delayed effective date, but not an effective tim he 90th day after the record is filed.	ie, at 12:01 a.m. on the earlie
ed OCTOBER 24 2018	
Signature of a member or authorized representative of	

Page 3 of 3

Filing Fee: \$25.00