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COVER LETTER

TO:	Registration Solution Of Co.				
CHBI	r'ear.		ESTMENTS, LLC		
SUBJ	ECT:		ited Liability Company		<u>.</u>
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		MARC MANI			
		-	Name of Person		
		BAABA CONSULTING			
			Firm/Company		
		201 S BISCAYNE BLVD	SUITE 2800		
			Address		····
		MIAMI, FL 33131			
			City/State and Zip Code	ty/State and Zip Code	
		MMANI@BAABACONSU			
			to be used for future annual i	report notification)	
For fu	rther information o	concerning this matter, please co	all:		
MARC MANI		786 985 at ()	5-7336		
	Name c	of Person	Area Code	Daytime Telephone	Number
Enclos	sed is a check for t	he following amount:			
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) C	0.00 Filing Fee, Tertificate of Status & Tertified Copy additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registrati Division (Clifton B	F/COURIER ADDR ion Section of Corporations uilding ecutive Center Circle	ESS:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MAFB INVE	STMENTS, LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on03/11/2011	and assigned
Florida document number L11000030454		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
N/A		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	3
Principal office address MUST BE A STREET ADDRESS)	N/A	AUG SIDE
-	N/A	C I
inter new mailing address, if applicable:	N/A	RY OF STANDER
Mailing address MAY BE A POST OFFICE BOX)	N/A	Affic L
	N/A	6
. If amending the registered agent and/or registered egistered agent and/or the new registered office address has a Name of New Registered Agent:		nter the name of the r
	•	*
New Registered Office Address: N/A	Enter Florida street address	
NI/A		NI/A
N/A	, Florid	la N/A Zip Code
New <u>Registered Ag</u> ent's Signature, if changing Registered Agen	•	глр Соае

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
AMBR	ALEXANDRE BAUMES	413 NE 191st ST, UNIT 205	= Add
		MIAMI, FL 33179	□ Remove
			☐ Change
	<u> </u>		
			☐ Remove
			☐ Change
			
			□ Remove
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ective date, if other than the	e date of filing: N/A		(0]	otional)	
effective date is listed, the date mu e: If the date inserted in this b					
ument's effective date on the D	Department of State's r	records.			
record specifies a delaye	d effective date it	nut not an effec	tive time, at 12:0	lam on the ear	lier .
ne 90th day after the rec		de not an ence	tive time, at 12.0	camin on the car	iici v
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ed <u>08/13/207</u>	<u>7.6</u>	(B)			
-		1			
	C	or will be seen as a seen	ntative of a member		

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Filing Fee: \$25.00