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COVER LETTER

TO:	Registration Se Division of Cor		of the second s	, 4 ,
SUBJ	ECT:Mi	ami Q8 Investments,	LLC	
		Name of Limi	ted Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Bader Alhun	aif	
			Name of Person	
		Miami Q8 Inv	estments, LLC	
			Firm/Company	
		1100 Biscayn	e BLvd., Unit 5902	
			Address	
		Miami, FL 3	3132-1703	
			City/State and Zip Code	
		Baderh@gmail.c	Om to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
Ι	Bader Alhuna:	if	at (305) 333-859	2
	Name o	f Person		e Telephone Number
Enclo	sed is a check for the	ne following amount:		
z \$2	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)
	MAIL	ING ADDRESS:	STREET/COURI	ER 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

Miami Q8 Investments,		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number $\underline{-11000090972}$.	y were filed on <u>August 8, 2011</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	e abbreviation "L.L.C."
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 registered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	**************************************	SS No man
	Enter Florida street address . Florida	FOR S
	City	Zip Coden
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	

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>	Name	Address	Type of Action
MGRM	Bader Alhunaif	1100 Biscayne BLvd., #5902	
		Miami, FL 33132-1703	£ kRemove
			☐ Change
MGR	Bader Alhunaif	1100 Biscayne Blvd., #5902	⊠ KAdd
		Miami, FL 33132-1703	☐ Remove
			Change
_AMBR Miami	Q8 Holding, Ltd.	1100 Biscayne BLvd., #5902	. ⊠KAdd
		Miami, FL 33132-1703	Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
	<u> </u>		Add
			☐ Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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ffecti	ve date, if other than the date of filing: July 7, 2015 (optional)	3225H
f an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant 30 605 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	5.0207. red as
locum	ent's affactive date on the Department of State's records	معدد: معدد: ادريا
	Service tree on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earling 90th day after the record is filed.	er of
Dated .	November 9 , 2015	
	Signature of a member or authorized representative of a member	
	Bader Alhunaif Typed or printed name of signee	

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Filing Fee: \$25.00