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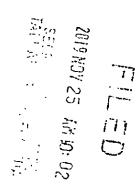
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COVER LETTER

	legistration Se Division of Cor			
erin ike		A INVESTMENTS, LLC		
SUBJECT	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		RUI CUNHA		
		ATHERIA INVESTMENT	Name of Person	
		10246 LEXINGTON EST.	Firm/Company ATES	
		BOCA RATON FL 33428	Address	
		puccinisitalian03@gmail.co	City/State and Zip Code m	
		E-mail address: (to be used for future annual report n	otification)
For furthe	r information c	oncerning this matter, please co	all:	
RULCUN	ША		954 8508640 at ()	
	Name o	f Person		ime Telephone Number
Enclosed i	is a check for th	ne 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:

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

CENTURIA INVESTMENTS, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 09/29/2011	and assigned
Florida document number L11000111760	<u>—</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
	, 	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	stered affice address on our records	enter the name of the
registered agent and/or the new registered office add		
		30 1
Name of New Registered Agent:		25
N D 1 N 1955 A 11		
New Registered Office Address:	Enter Florida street address	D: 02
		02
	, Flor	ida 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 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	RUI CUNHA		
		10246 LEXINGTON ESTATES	
		BLVD, BOCA RATON FL 33428	■ Remove
			☐ Change
			□ Remove
			□ Change
			Remove
			Change
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Effective date, if other than th If an effective date is listed, the date m Note: If the date inserted in this b document's effective date on the I	st be specific and ca lock does not mee	innot be prior at the applic	able statutory			
he record specifies a delaye The 90th day after the re		te, but no	t an effecti	ve time, at 1	2:01 a.m. on	the earlier of:
November 14 Dated		2019				
		1 	<u> </u>			
	Signature of a me	mber or author	orized represent	itive of a member	r	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00