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2016 SEP 26 AH ID: 47

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COVER LETTER

TQ:	Registration Sec Division of Corp					
SUBJE		IA INVESTMENTS LLC				
SUBJE	cci:	Name of Limi	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
		JONATHAN KUSHNER				
			Name of Person			
		KSDT & COMPANY				
Firm/Company						
9300 S DADELAND BLVD SUITE 600						
			Address			
		MIAMI, FL, 33156				
			City/State and Zip Code			
		JKUSHNER@KSDT-CPA.	COM to be used for future annual report notific	eation)		
For fur	ther information of	oncerning this matter, please ca		atony		
		oncerning this matter, picase ca				
JORGE DE LA TORRE 305 670-3370 at ()						
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
\$2.	5.00 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

2016 SEP 26 AM 10: 47

HAGSHAMA 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 Compar	by were filed on $\frac{12/01/20}{12}$	and assigned
Florida document number L11000135734		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designat	ion "LLC" or the 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	office address on our	records, enter the name of the new
registered agent and/or the new registered office address he	ere:	
N. CN. D. W. LA		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	not adduses
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	·	-,
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	— gree to act in this capac te performance of my di s provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JORGE DE LA TORRE	9300 S DADELAND BLVD	■ Add
		STE 600	□ Remove
		MIAMI, FL , 33156	Change
			□ Add
			Remove 70 Change
			S D Ador
			□ Remove
			□ Add
			Remove
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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and canno does not meet th	t be prior to da le applicable	te of filing or mor statutory filing	re than 90 days af	tional) ter filing.) Pr his date wi	ursuant to 605.0 Il not be listed	1207 I as
ne record specifies a delayed e The 90th day after the record		but not ar	effective tir	me, at 12:01	a.m. on	the earlier	of
Dated AUGUST 26TH		6					
	gnature of a membe		1	Co			

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Filing Fee: \$25.00