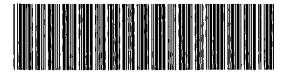
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T. HAMPTON

## **COVER LETTER**

	ration Section on of Corporations	•			
SUBJECT:	INVESTMENTS HO	OLDINGS V & V LLC	·		
SUBJECT.		Liability Company			
The enclosed A	rticles of Amendment and fee(s) are submit	ted for filing.			
Please return ali	correspondence concerning this matter to t	he following:			
	•				
	LUIS R. SMITH  Name of Person				
		Name of Ferson			
	JESSEL INVESTMENTS LLC				
Firm/Company					
	11402 NW 41ST STREET SUITE 211				
		Address			
		ORAL, FL 33178			
		ty/State and Zip Code essel@mail.com			
	E-mail address: (to be	used for future annual report notific	eation)		
For further infor	mation concerning this matter, please call:	me a training			
	LUIS R. SMITH	at ( 305 ) 4	170-2429		
	Name of Person	Area Code & Daytime	Telephone Number		
	eck for the following amount:				
<b>☑</b> \$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/COURIE Registration Section Division of Corporat Clifton Building 2661-Executive Cent Tallahassee, FL 3230	ions er Circle		

## ARTICLES OF AMENDMENT TO

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## ARTICLES OF ORGANIZATION **OF**

12 SEP 13 PHII: 21

INVEST (Name of the Limited	MENTS HOLDINGS V & Liability Company as it now appear a Florida Limited Liability Company)	V LLC	<u>-</u>
The Articles of Organization for this Limited L Florida document numberL1200022	iability Company were filed on		and assigned
This amendment is submitted to amend the follow.  A. If amending name, enter the new name of	•	<u>e</u> :	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<del></del>		
B. If amending the registered agent and/or the new registered of		ur records, enter t	he name of the new
Name of New Registered Agent:	LUIS R. SMITH		
New Registered Office Address:	11402 NW 41ST STREET S		
	er Florida street add	ress	
	DORAL	, Florida	33178
	City		Zip Code
New Registered Agent's Signature, if changing R	egistered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title **Name Address** Type of Action **MGR** VALENTINO ADOLF ZOLLI 11402 NW 41ST ST SUITE 211-540 ☐ Add Remove DORAL FL 33178 VALENTINO EMIL ZOLLI MGR 11402 NW 41ST ST SUITE 211-540 ✓ Remove DORAL FL 33178 ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member LUIS R SMITH Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00