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To:

Division of Corporations

Fax Number ; (850)617-6383

From:

Account Name : MARIIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012 Phone : (305)826-5886

Fax Number : (305)722-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAZ INVESTMENTS GROUP LLC

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SEP 2 5 2017

Y SULKER

ARTICLES OF AMENDMENT TO: ARTICLES OF ORGANIZATION OF

	LAZ INVESTAL			
(Name of the Limi	(A Florida Limited I	ny as it now and liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited L Florida document number L12000053903	isbility Company	were filed on	06/10/2016	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, <u>enter the new даше о</u>	f the limited lizh	ility company	here:	
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," th	e designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applie	able:	16110 NW 2	6 AVE	
(Principal office address MUST BE A STREE	l office address MUST BE A STREET ADDRESS) MIAMI GARDENS, FL 33054			
Enter new mailing address, if applicable:	·	16110 NW 2	6 AVE	
(Mailing address MAY BE A POST OFFICE	BOX)	MIAMI GAI	UDENS, FL 33054	
			•	
B. If amending the registered agent and, registered agent and/or the new registered o			ou our records, <u>en</u>	ter the name of the ne
Name of New Registered Agent:	AMADOR, JOS	SHUAY.		3
New Registered Office Address:	16110 NW 26 A		Florida street address	9: 4:
	MIAMI GARD		, Florida	33054
		City	, Fiorida	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

Page 1 of 3

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	ZALDIVAR, LUIS A		126 TUSCANY DR	
ř			Royal Paim Beach, FL 33411	■ Remove
				Change
MGRM	ZALDIVAR, MELISSA	_	126 TUSCANY DR	
			Royal Palm Beach, FL 33411	■ Remove
				☐ Change
AMBR	AMADOR, JOSHUA Y	_	16110 NW 26 AVE	■ Add
			MIAMI GARDENS, FL 33054	U Remove
				Change
AMBR	AMADOR, NOHELIA	_	16110 NW 26 AVE	Add
	·		MIAMI GARDENS, FL 33054	☐ Remove
				□ Change
		-	·	- 1. S.
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