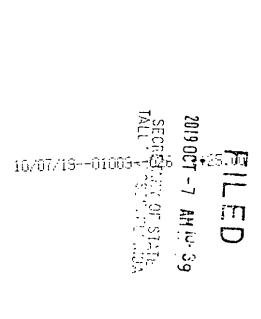
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(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

SUBJECT:	ISP INVESTM Name of Lim	DENTS LLC nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SIX	MMY CHAPL Name of Person	07
	21	SP INVESTM Firm/Company	IENTS LIC
	1501 BRIL	LIANT CUT Address	WAY
	VALE	City/State and Zip Code about 9 Young to be used for future annual report notice.	94
	E-mail address: (ablat & Yah to be used for future annual report notif	60 · C m
For further information	concerning this matter, please ca	all:	
SIMM!	CHAPLOT Of Person	at (<u>&) 3</u>) <u>42</u> Area Code Daytime	652 Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section Division of Corporations

> 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

IISP INVEST	TMENTS LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number <u>L130000</u> 7265.	were filed on <u>Jan 15</u> ,	2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	r 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)		OI9
		PAR OCT
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
		T Side
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
New Registered Agent's Signature, if changing Registered Agent:	Cuy	гір Соне
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is
If Chang	ging Registered Agent, Signature of N	lew 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
AMBR	SIMMY CHAPLOT	1501 BRILLIANT CUT WAY	
		VALRICO, IZL 33594	
			Change
AMBR	PRAKASH CHAPLOT	1501 BRILLIANT CUT WAY	DAdd
		VALRICO, FL 33594	
	·		
			🗆 Add
			□ Remove
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(If an eff Note:	(optional) sective date, if other than the date of filing:
f the red b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Sung Chapter
	Signature of a member or authorized representative of a member SIMMY CHAPLOT Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00