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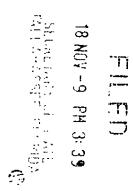
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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COVER LETTER

TO;	Registration Sec Division of Corp			
		STMENTS, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		MARCOS MIRANDA		
		LDR INVESTMENTS, LI	Name of Person .C	
		6499 POWERLINE RD., S	Firm/Company S. 1O1	
		FORT LAUDERDALE, F	Address 1. 33309	
			City/State and Zip Code	
		president@siter.		
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	neerning this matter, please ea	all:	
MAR	COS MIRANDA		786 200-7386	
Name of Person		at () Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	e 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

LDR INVESTMENTS, LLC			
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.) ny)	
The Articles of Organization for this Limited I Florida document number 1.13000030699		02/27/2013	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	v here:	
LDRLINVESTMENTS, LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," th	he designation "LLC" or the abb	reviation "L.L,C."
Enter new principal offices address, if appli			<u> </u>
<u>Principal office address MUST BE A STREI</u>	<u> </u>		
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>
		9	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:	SIFER COMMERCIAL ALLI	ANCES, LLC	
New Registered Office Address:	6499 POWERLINE RD., S. 10	01	
nen negmerea vinternation.	Enter	Florida street address	
	FORT LAUDERDALE	, Florida	09
	City		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
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document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. OCTOBER 01 2018 Dated		,	74					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00