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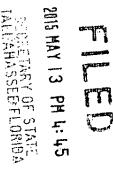
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COVER LETTER

Divi	sion of Corpo	rations				
SUBJECT:	Wali Investm	ents LLC				
	* ''' - '-'					
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		Alamgir Wali				
			Name of Person	·		
		Wali Investments LLC				
			Firm/Company			
		9953 Shadow Creek Dr				
			Address			
		Orlando, FL 32832			2915	
			City/State and Zip Code		LAHAY	13
		alamgirwali@hotmail.com	to be used for future annual report	notification)	~~~~	Character of the Control of the Cont
For further in	formation cor	ncerning this matter, please of	•	normeationy	SEE PH	
Alamgir Wa	li		727 424-3309 at ()	9	t: t2	
	Name of I	Person		ytime Telephone Number	<u>.</u>	
Enclosed is a	check for the	following amount:				
₩ \$25.00 F	iling Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS: Registration Section

TO:

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

Wali Investments LLC			
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our planted Liability Company)	records.	
The Articles of Organization for this Limited Liability Con	mpany were filed on March 15, 2	2013 and assigne	ed :
Florida document number L13000039659			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
Acyneum Capital Management LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."	,
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	ESS)	5.4 22	
	`		
		SSS I	
Enter new mailing address, if applicable:	**************************************		Fi
Mailing address MAY BE A POST OFFICE BOX)		ا الساس (راس	
			<u>.j</u>
		இர ் ப	
 If amending the registered agent and/or registered agent and/or the new registered office addresses 		ecords, enter the name of t	<u>he</u> 1
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
		, Florida	
	bollowing: c of the limited liability company here: e words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." licable: EET ADDRESS) EBOX) C S S S S S S S S S S S S S S S S S S		

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

AMBR = Au	inager ithorized Member	
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