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COVER LETTÉR

TO: Registration Section
Division of Corporations

Graciela Fantini Investments, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Graciela Candida Fantini Alaniz

Name of Person

Graciela Fantini Investments, LLC

Firm/Company

3725 S. Ocean Drive, #623

Address

Hollywood, FL 33019

City/State and Zip Code

gracefantini@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Graciela Fantini

954 479-9807

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:

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

Graciela Fantini Investments. LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Lial Florida document number L13000059140	bility Company were filed on 4/22/2013	and assigned	
This amendment is submitted to amend the follow	ving:	- 	
A. If amending name, enter the new name of t	he limited liability company here:		
Graciela Candida Fantini Alaniz, L	LC	P-14-120	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the design		
Enter new principal offices address, if applicat	ble:	البا الما	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be			
B. If amending the registered agent and/or registered agent and/or the new registered office.		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	reet address	
	, Flo.	rida	
	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 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 <u>Title</u> Name **Address Type of Action** 3725 S. Ocean Dr. #623 **MGRM** Alaniz Belarez, Hugo C Hollywood, FL 33019 Remove

•	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>G</u>	raciela Candida Fantini Alaniz is MGRM.
N/01	2012
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	(Texter to the large
•	Signature of a member or authorized representative of a member
	Graciela Candida Fantini Alaniz
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00