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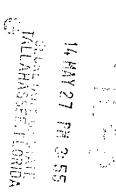
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COVER LETTER

Division of Cor			
SUBJECT:	OR Invest	ments Atla	nta LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Catalina	Zapata	
	Team Real	Estate Manag	ement LLC
		5th Stillt PH5	
		1 33109 City/State and Zip Code	
U	a-talina.zapa E-mail odress: (1740 C + Cam rem to be used for future annual report notifi	anagement.com
For further information c	oncerning this matter, please ca		
Catalina 2	apatu FPerson		1915 ext. 227 Telephone Number
Enclosed is a check for the	ne 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

For Investments Atlanta, LLC
(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on June Florida document number L13000080263 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Title Type of Action Name Address Bystans Assets Inc. 290 NW 165th Street PHS Mianu FL 33169 Leandro Rodriguez 290 NW 145th 8t. PH5 XAdd M612M miane FL 33149. ☐ Remove 290 NW 165TH STILLT, PHS MAIRM anabel Ruth Mielniczuk Miani FL 33169 ☐ Remove □ Remove □ Add ☐ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

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tive date, if other	than the date of filing:	(optional)
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Page 3 of 3

Filing Fee: \$25.00

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