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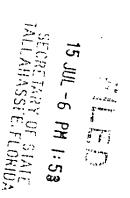
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COVER LETTER

TO;	Registration Section Division of Corpor		•	
SUBJE	rct. Fe	wzia Investm	ents. LLC	
30 54 6			mited Liability Company	
The en	closed Articles of Am	endment and fee(s) are su	ubmitted for filing.	
Please	return all corresponde	nce concerning this matte	er to the following:	
		John Mili	tana, Esq.	
			Name of Person	
		Fawzia In	vestments, LLC	
			Firm/Company	
		8801 Bisca	ayne Blvd., Ste. 1	101
			Address	
		Miami, FL		
			City/State and Zip Code	
	-		law@gmail.com	otification)
For fur	ther information conc	erning this matter, please		
J	ohn Militan	18	≈ (305 √ 758-	-6691
	Name of Pe	ETBOTI	at (305) 758- Area Code Days	ime Telephone Number
Enclos	ed is a check for the f	ollowing amount:		
√ Ó \$2	5 00 Filing Fee	S30,00 Filing Fee & Certificate of Status	□ \$55.00 Fitting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registratian Section Divisian 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

Fawzia Investments, LLC		
(Name of the Limited Lieblity Common (A Florids Limited Lie	r <u>at it navr angents sa ear recents</u> skility Company)	D)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L13000153694</u>	vere filed on10/31/13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company bere:	
The new name must be distinguishable and conssin the words "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8801 Biscayne	Blvd., Ste. 101
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 331	138
Enter new mailing address, if applicable:	Same as above	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		s enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street addres	X
		orida
	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 far 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

Page 1 of 3



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 Title Type of Action Name Address _D Add __ 🗆 Remove _D Change _D Add __ D Remove ____ Change ___ 🗆 Remove ____ D Change __ Add ____ Remove _ Change _ Remove _____ Change

D Add

_____ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
• •		
E. Effective date, if other than the date of filling: 6/1/15 (optional) (If an effective date is bined, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Phresiant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.		
Dated June 1st 2015	A.	
Signature of a member of multipled representative of a member	15. 11.	i I
SALAH ALNDEISI Typod or printed name of signer	JUL -6 PM	Energy (Mensylvania)
Page 3 of 3	PM	i M
Filing Fee: \$25.00	PM 1:58 COF STATE E. FLORID	
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