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TALLAHASSEF, FLORIO



## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT:	AFLA In	vestments, L ited Liability Company	LC.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	MALU I	nvestments, LI	<u> </u>
		Boy Scout Blad Address	
	Tampa freddy . russia, E-mail address: (	Florida 331 City/State and Zip Code  Code at 19 investment to be used for future annual report notion	nts.com
For further information of	concerning this matter, please co		
Freddy Name o	Russian	at (8B) 443 Area Code Daytime	8203 - 813-5271214 e Telephone Number
Enclosed is a check for t	he 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:

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

<del></del>	nuestments, LLC.
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability ConFlorida document number <u>L13b0bl5bは53</u>	mpany were filed on 11.07.2013 and assigned
This amendment is submitted to amend the following:	Āra →
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and end with the words "Limit	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4030 W. Boy Scout Blvd. Suite 135 Tampa FL 33607
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	30 W. Boy Scout Blvd. Suite 135 Enter Florida street address
	ampa, Florida 33607
Now Designated Agent's Signature if changing Degistered	A gent:

### 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Russian, Freddy A.	4030 W. Boy Scout B)	vd s Add
		Suite 135	□ Remove
		Tampa FL 3360	7
officer	Bussian, Anthony C.	4030 W. Boy Scout BI	Add Add
	,	Suite 135	□ Remove
		Tampa FL 33607	<del></del>
Officer.	Russian Claudia C.	4030 W. Boy Scout Bly	N. XI Add
		Suite 135	Remove
		Tampa FL 33407.	_
			⊒□ Add
			Pi Remove
			ASSET TO THE PROPERTY OF THE P
			□ Remove
		·	□ Add
			_□ Remove

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date this do	cument is filed by t	he Florida Departme	nt of State)	date and cannot b	e more than 90 days after	al) er
date this do	cument is filed by t	the date of filin cannot be prior to do the Florida Departme	nt of State)	date and cannot be	(options e more than 90 days afte	al) er
date this do	cument is filed by t	he Florida Departme	nt of State)			al)
fective danger of the date this do	cument is filed by t	Signature of a	nt of State)	ed representative	of a member	al) er

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIS