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COVER LETTER

TO:	Registration Se Division of Cor			
erin ist		NVESTMENTS, LLC		
SUBJE	LI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Vijay Patel		
			Name of Person	
		Dhruv Management		
			Firm/Company	
		6903 Congress Street	Name of Limited Liability Company e(s) are submitted for filing. this matter to the following: Name of Person ment Firm/Company Street Address cy. FL 34653 City/State and Zip Code anagement.com all address: (to be used for future annual report notification) er, please call: 1813 951-0222 at (
			Address	
		New Port Richey, FL 3465	33	
				
		vpatel@dhruvmanagement.		
For furth	ner information co	oncerning this matter, please co		ication)
Utkarrsh	n Patel			
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

TYRONE INVESTMENTS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Comparison document number $\frac{L13000161825}{L13000161825}$.	any were filed on 11/25/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
TYRON INVESTMENT, LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	2	SEC SEC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RETARY OF STATE AHASSEE, FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	nner rionda street addres	.5
		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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
		<u> </u>	Change
			Add
		<u>. </u>	SE
			AHARSS CHanges
			
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ffectiv an effe	ve date, if other than the date of filing: (optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,	020
ote: l	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	ed a
ocume	ent's effective date on the Department of State's records.	
rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	3F G
	90th day after the record is filed.	21 C
	Sone 6 . 2018.	
ated _		
ated _	- 11/2 P. 1 - 1	
ated _	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00