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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	Sotere Name of Limite	DINVESTMENTS LL ed Liability Company	<u>c.,</u>		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Name of Person	ero.		
		Name of Person			
		Firm/Company			
		242 SW 172 TE	?cc ===================================	2014 JAN	
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	<u>.                                    </u>	Mio mu Fl ; City/State and Zip Code	33 177 · Mag		
	× 711050TE4	20 @ HOT MAIL. COM to be used for future annual report notifica		PM 3 50	C
		•	tion)	60	
For further information c	oncerning this matter, please ca	all:	-		
Name o	Albenta Sater	at ( <u>305</u> ) <u>905-04</u> Area Code Daytime T	140 elephone Number		
Enclosed is a check for the	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 Standard Certified Copy (additional copy	atus &	sed)

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

(A Florida Limited L.	ny as it now apper liability Company)	415 011 01	ii iccords.		
				_	
The Articles of Organization for this Limited Liability Company	were filed on	42.	20 - 1	<u>ع</u> aı	nd assigned
Florida document numberL13000 175 324,					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :			.,
				<b>3</b> 6.	201
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Com	pany," th	e designatio	n TCC"	or the abbreviation
Enter new principal offices address, if applicable:	1424	2 :	3W 17	<u>8</u> 57	PRR.
(Principal office address MUST BE A STREET ADDRESS)	Mi	a mi	E1_	<u> </u>	143 CERT
				- <del> </del>	<u>ස</u>
	_		_	Σπί	0
Enter new mailing address, if applicable:	_ 142				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	i me	FI	3	3177.
B. If amending the registered agent and/or registered of	Tion address on	011 2 20	oords ont	om tha r	nome of the new
registered agent and/or the new registered office address here		oui ic	corus, <u>circ</u>	<u>ci</u> the t	iame of the new
		<b>~</b>		0	
Name of New Registered Agent:	MAU	1+11	PERTO	20	tero
New Registered Office Address:	142	42	SW	172	Terr.
	E	nter Flo	rida street d	address	
	Mami		_, Florida	3	51子
- · · · · · · · · · · · · · · · · · · ·	City				o Code
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree					comply with the ar with and

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if ot	ner than the date of filingsted, the date must be spe	ng:		(opti	onal)	
effective date is li	sted, the date must be spe	ecific and canno	t be more than 90 o	days after filing	g.) (605.0207	(3)(b)
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