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COVER LETTER

то:		tration Secti ion of Corpo			
erin in	CVIII	Ingenium In	vesments, LLC.		
SUBJE	C1: _		Name of Limi	ted Liability Company	
The enc	losed /	Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please r	eturn a	li correspond	ence concerning this matter	to the following:	
			Enilda Josefina Montero		
				Name of Person	
			Ingenium Investments, L	LC.	
				Firm/Company	
			7791 NW 46 Street Suite	: L1	
				Address	
			Doral, FL 33166		
			enymdesanchez@hotmai	City/State and Zip Code I.com	
			E-mail address: (t	o be used for future annual report noti	fication)
For furt	her inf	ormation con	cerning this matter, please ca	dl:	
Enilda -	Josefi	na Montero		786 630-3368	
		Name of P	erson	Area Code Daytim	e Telephone Number
Enclose	d is a c	theck for the	following amount:		
■ \$ 25	.00 Fil	ing 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

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appear Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability C Florida document numberL14000071098	ompany were filed on	May 01, 2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company ho	ere:	
The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable:	ited Liability Company," the d	esignation "LLC" or the ab	breviation 1.1.0 SECO
(Principal office address MUST BE A STREET ADDR	ESS)		P 21
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AM 8: 53
B. If amending the registered agent and/or registered agent and/or the new registered office addi		our records, enter	the name of the new
	, Enik	da J. Montero	<u> </u>
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:		V 46 Street Suite L1	
		V 46 Street Suite L1 rida street address Florida	33166

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 = 1 AMBR =	Manager Authorized Me	mber	
<u>Title</u>	<u>Name</u>		A

Address	Type of Action
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filinate: If the date inserted in this block does not meet the applicable statutor current's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier o
September 15 2018	

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Typed or printed name of signee

Filing Fee: \$25.00