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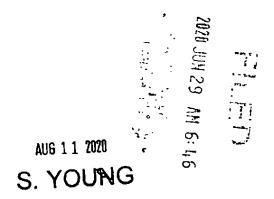
(Re	equestor's Name)	
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(Do	cument Number)	
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COVER LETTER

Division of Co		•	
F & F INV	ESTMENTS GROUP LLC		
	Name of Lir	nited Liability Company	
losed Articles of	Amendment and fee(s) are sul	omitted for filing	
		_	
	VANESSA CAMEJO-AF	RGUDIN	
		Name of Person	<u></u>
	REMOTE BOOKKEEPI	NG CORP	
		Firm/Company	
	14221 SW 120TH STRE	EET, SUITE 209	
		Address	
	MIAMI, FL 33186		
	INFO@REMOTEBOOK	•	
			notification)
ner information o	concerning this matter, please c	all:	
SSA CAMEJO-A	ARGUDIN	786 776-949	
Name o	f Person	Area Code Da	ytime Telephone Number
d is a check for th	he following amount:		
.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)
Registration S Division of C	Section orporations		Section Corporations
	losed Articles of eturn all correspond is a check for the conference of the conferen	Iosed Articles of Amendment and fee(s) are sulteturn all correspondence concerning this matter. VANESSA CAMEJO-AF REMOTE BOOKKEEPI 14221 SW 120TH STRE MIAMI, FL 33186 INFO@REMOTEBOOKF E-mail address: (a) the information concerning this matter, please of SSA CAMEJO-ARGUDIN Name of Person It is a check for the following amount: 00 Filing Fee \$30.00 Filing Fee &	Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: VANESSA CAMEJO-ARGUDIN Name of Person REMOTE BOOKKEEPING CORP Firm/Company 14221 SW 120TH STREET, SUITE 209 Address MIAMI, FL 33186 City/State and Zip Code INFO@REMOTEBOOKKEEPINGCORP.COM E-mail address: (to be used for future annual report art information concerning this matter, please call: ISA CAMEJO-ARGUDIN Name of Person Arca Code Dia d is a check for the following amount: 00 Filing Fee Certificate of Status Mailing Address: Registration Section Division of Corporations Street Address Registration Division of Corporations

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F & F INVESTMENTS GROUP L	LC		<i>ج</i> ے
(Name of the Limite	d Liability Comp A Florida Limited	any as it now appears on our record Liability Company)	ds.)
The Articles of Organization for this Limited Lia Florida document number L14000103212 This amendment is submitted to amend the follo		were filed on 06/27/2014	and assigned
A. If amending name, enter the new name of	_	oility company here:	150
N/A			
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	153 NE 97TH STREET	
(Principal office address MUST BE A STREET	(ADDRESS)	MIAMI SHORE, FL 33138	
Enter new mailing address, if applicable:		153 NE 97TH STREET	
(Mailing address MAY BE A POST OFFICE B	(OX)	MIAMI SHORE, FL 33138	
B. If amending the registered agent and/or re agent and/or the new registered office address Name of New Registered Agent:	here:	address on our records, <u>enter</u> DNA LIBERTY PA	the name of the new registered
	153 NE 97TH	STOCCT	<u> </u>
New Registered Office Address:	TOO HE STIT	Enter Florida street address	ŗ
	MIAMI		orida ³³¹³⁸
		City . F 10	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.

f 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	FAWZI FAROUN	153 NE 97TH STREET	□Add
		MIAMI SHORE, FL 33138	
			■ Change
			□Add
			□Remove
			□Change
			□Add
		· <u> </u>	□Remove
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Filing Fee: \$25.00