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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

то	P: Registration Sec Division of Corp			
OII		ESTMENTS LLC		
SU	BJECT:	Name of Limi	ted Liability Company	
The	e enclosed Articles of A	Amendment and fee(s) are subt	• mitted for filing.	
Ple	ase return all correspon	dence concerning this matter t	to the following:	
		FRANK A. FALCON		
			Name of Person	
		FPUSA INVESTMENTS I	LLC	
			Firm/Company	
		8016 NW 68 ST		
			Address	
		MIAMI FL 33166		
			City/State and Zip Code	
		FFALCONS@GMAIL.COM	A o be used for future annual report notific	otion)
For	r further information co	ncerning this matter, please ca		zation)
FR	ANK A. FALCON		305 387-1989 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
En	closed is a check for the	e 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:

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

FPUSA INVESTMENTS LLC			
(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited I Florida document number L14000104473	Liability Company	were filed on 06-30-2014	and assigned
Florida document number	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabi	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili		
Enter new principal offices address, if appli	icable:	2101 PAIRKER	L AVE, APT. 60
(Principal office address MUST BE A STRE	ET ADDRESS)	M, AM; FL	33129
			')
Enter new mailing address, if applicable:		SA	Me —
(Mailing address MAY BE A POST OFFICE	E BOX)		<u> </u>
			Ass
B. If amending the registered agent and registered agent and/or the new registered			iter the name of the new
registered agent and/or the new registered to	office additess here	:•	
Name of New Registered Agent:	FRP ACCOUN	TING & TAXES, INC.	SSE -9
New Registered Office Address:	14221 SW 120T	TH ST STE 107	7
		Enter Florida street address	0 %
	MIAMI	, Florid	33186-729P
		Citv	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 = Manager

AMBR = Authorized Member Type of Action <u>Title</u> Name <u>Address</u> ☐ Add □ Remove _□ Change _□ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change _□ Add _□ Remove _□ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove

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