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SECRETARY OF SHALE DIVISION OF CORPORATIONS

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COVER LETTER ,

ТО:	Registration Se Division of Cor			
etinir		ESTMENTS LLC		
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		ANDREA VITALI		
		VITALI INVESTMENTS	Name of Person	
		7306 Collins Ave, 75	Firm/Company	
		Miami Beach, FL 33141	Address	
		LORENZOLYNCH@LIVE		
For furt	ther information c	e-mail address: (to be used for future annual repor	(nottication)
	NZO LYNCH	<u>.</u>	954 588-77	76
	Name o	f Person	Area Code Da	nytime Telephone Number
Enclose	ed is a check for t	he following amount:		
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi	ING ADDRESS: ration Section	STREET/CO Registration S Division of C	

Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Principal of the Limited Liability Company were filed on O7/07/2014 and assign and assign Elorida document number L14000106717 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" and the abbreviation "LLC" or the abbreviation "LLC" and the abbreviation "LLC" or the abbreviation "LLC" and Collins Ave. 75 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ed
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Enter new mailing address, if applicable:	SECRE SECRE
Enter new mailing address, if applicable:	<u> </u>
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B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	the nev
, Florida, 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 $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Remove
			Add
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fective date, if other than the dan effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior to date of	filing or more than 90 days after filing or more than 90 days after filing requirements, this day	ng.) Pursuant to 605 020 we will not be listed:
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