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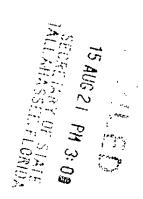
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COVER LETTER

Division of Cor	porations						
	ESTMENT, LLC						
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	NELSON CARMENATES	S					
Name of Person							
	CARMENATES LAW FI	RM, PA					
	· · · · · · · · · · · · · · · · · · ·	Firm/Company					
	1300 NW 84 AVE						
	· · · · ·	Address					
	DORAL, FL 33178						
		City/State and Zip Code					
	E-mail address: (to be used for future annual report notit	ication)				
For further information c	oncerning this matter, please co	•	10 p. 6				
Nelson Carmenates		786 9996472 at ()					
Name o	f Person	Area Code Daytimo	e Telephone Number				
Enclosed is a check for the	ne 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

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

C Y C INVESTMENT, LLC (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 $\frac{07/24/2014}{1}$ and assigned Florida document number _L14000116943 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." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	FORERO, CLAUDIA	10773 NW 58 ST #218	□ Add
		DORAL, FL 33178	≡ Remove
·			Change
	· .		Add
			Remove
			☐ Change
			Add .
			☐ Remove
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			Remove
	-		Change
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			□ Remove
			☐ Change
			Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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E. Effective date, if other than the date of filing:(optional)=	<u>်</u> ယ် က	- 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
E. Effective date, if other than the date of filing: (optional)		00.0000 (0)/4
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be lis	sted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on (b) The 90th day after the record is filed.	the ear	lier of:
Dated August 17 . 2015.		
Dated August 17 . 2015. Claraisola Duenãs		
Signature of a member or authorized representative of a member		
Clara isabel Denãs.		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00