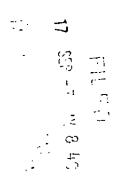
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: E-6-ft	Investments, LLC
Name Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	
Please return all correspondence concerning this	matter to the following:
Rich	and DeStepeno Name of Person
E-lof	t Inestruints, LLC
690	19 NW 109 Ave
	oral FL 33178 City/State and Zip Code
E-mail a	Chozgeme. Com address: (to be used for future annual report notification)
For further information concerning this matter.	please call:
Lichard Destalum Name of Person	at (305) 900-9736 Area Code Daytime Telephone Number 3
Enclosed is a check for the following amount:	13 T
\$25.00 Filing Fee \$30.00 Filing Fe Certificate of S	Status \$55.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclos
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	l <u>-</u>			
E-40	Pt Inver	trients, LLC	-	_
(Name of the Ling	led Liability Company (A Florida Limited Lia	as it now appears on our record bility Company)	<u>s.</u>)	
			1201	
The Articles of Organization for this Limited !	iability Company w	ere filed on		nd assigned
Florida document number LISOOOO	24776	•		
This amendment is submitted to amend the fol	lowing: 			
A. If amending name, enter the new name	f the limited liabili	ity company here:		
A. If amending name, enter the new same	N/A			
The new name must be distinguishable and contain the	nords "Limited Liabilit	v Company," the designation "LLG	or the abbrevia	tion "L.L.C."
The new name must be distinguishable and contain the	Words Timmed Diagnos	, op, ,		
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE				
m 11 'S and inchin				
Enter new mailing address, if applicable:		6909 NW 1009	Al. Digi	cal II
(Mailing address MAY BE A POST OFFICE	<u>s BOX)</u> 	12,70	<u>, , , , , , , , , , , , , , , , , , , </u>	
		F	de enter the	name of the new
B. If amending the registered agent an registered agent and/or the new registered	d/or registered OH	nce address on our record	is, citer the	10
registered agent and/or the new registered		•	•	13 7
Name of New Registered Agent:			-	
New Registered Office Address:				
New Registered Office		Enter Florida street addi	Sir	ςυ -
		,1	Florida	
		City	Z	Tip Code
New Registered Agent's Signature, if changin	 g Registered Agent:			
	AT.			

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>Address</u> <u>Title</u> <u>Name</u> _□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change _□ vąg; ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add □ Remove hange Page 2 of 3

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If the date inserted in this bl	ock does not meet the applicable statutory filing requirements, thi epartment of State's records.	s date will not be list
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90th day after the rec	ord is filed.	J (do
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	Signature of a member or authorized to recentative of a member	
	Lichard Destalano	
	Typed or printed name of signee	
	II	