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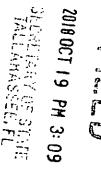
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

ro:	Registration Se Division of Co						
		A INVESTMENTS LLC					
SUBJEC	.l: <u></u>	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Dimas Correa					
			Name of Person				
		Thorsica Investments LLC					
			Firm/Company				
		5645 Coral Ridge Dr #300	1				
			Address				
Address Coral Springs, Florida - 33076							
			City/State and Zip Code				
		dcorrea1234@icloud.com					
			to be used for future annual report notifi	reation)			
For furth	er information of	concerning this matter, please c	all:				
Dimas A	A. G. Correa		954 821-1150				
	Name c	of Person	at ()	Telephone Number			
Enclosed	l is a check for t	he 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:

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

FILED

THORSICA INVESTMENTS LLC

2018 OCT 19 PM 3: 09

(.Nide of the Filmio	A Florida Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Li Florida document number $\frac{-1.15000017005}{-1.000017005}$		and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLO	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	<u></u>	
3. If amending the registered agent and/		ls, enter the name of the
egistered agent and/or the new registered of	nce address nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	, F	lorida

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dimas A. Correa	6775 NW 122nd Avenue	
		Parkland, FL - 33076	
		Note: Do not remove Dimas A.G. Correa	Change
AMBR	Emilio Grullon	12019 NW 50th Dr.	
		Coral Springs, FL 33076	■ Add
		Corai Springs, 12 33070	□ Remove
			Change
			Add
			☐ Remove
			☐ Change
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Note: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00000000000000000000000000000000000
	OCTOBER 18TH . 2016
Datec _	
Datec _	
Datec _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00