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SECRETARY OF STATE

K. SALY JUL 27 2017

COVER LETTER

TO:	Registration Sec Division of Corp			
. 1		VESTMENTS LLLC		
SUBJEC	Jr:	Name of Lim	ited Liability Company	
The encl	osed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	idence concerning this matter	to the following:	
		E. DAVID BENSADON		
			Name of Person	·
		ISTMUS INVESTMENTS	STALC	
			Firm/Company	
		20855 NE 16TH AVE., SU	TTE C16	
			Address	
		MIAMI, 14, 33179		
		edbensadon@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	fication)
For furth	er information co	neerning this matter, please ca	all:	
E. DAV	ID BENSADON		786 558-2233	
	Name of	Person	at () Area Code Daytim	ie Telephone Number
Enclosed	d is a check for the	: 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



ISTMUS INVESTMENTS LILLO

(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 $\frac{2711/15}{2}$ _____ and assigned Florida document number L15000026015 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 "L.L.C" or the abbreviation "L.L.C." 11550 INTERCHANGE CIR N Enter new principal offices address, if applicable: MIRAMAR, FL 33025 (Principal office address MUST BE A STREET ADDRESS) SAMÉ AS ABOUE _ ___ 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 __, Florida ___

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>	Address	Type of Action
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**	Signature of the	member or authorized	d representative of a men	nber .	

Page 3 of 3

Filing Fee: \$25.00