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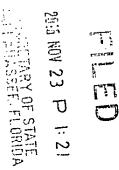
(Re	equestor's Name)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT (Business Entity Name) (Document Number) Certified Copies Certificates of Special Instructions to Filing Officer:	MAIL	
(Bu	usiness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
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COVER LETTER

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Div	ision of Corp	porations			
SUBJECT:		ITS INVESTMENTS, LLC			
Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		FRANCISCO E. CENTEN	NO, EA		
			Name of Person	· 	
		OTR GROUP CORPORA	TION		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		15757 Pines Blvd Suite 25	ı		
		*************************************	Address		
		Hollywood FL 33027			
			City/State and Zip Code		
		fc@accountingtaxgroup.com			
		E-mail address: (to be used for future annual report notif	ication)	
For further i	nformation co	oncerning this matter, please ca	all:		
FRANCISC	O E. CENTE	ENO, EA	954 394-2984 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:			
≘ \$25.00 I	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

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

	O	PF .		68 83	
			复验		
OCTONAUTS INVESTMENTS,	25.4	8			
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now appears on our rec- Liability Company)	ords.);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	23 [
The Articles of Organization for this Limited I	iability Company	were filed on 11/18/2015	RY OF STATE	and assigned	
Florida document number L15000072416				 2	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company." the designation "L	LC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if appli		6511 NW 87 Avenue			
(Principal office address MUST BE A STRE	ET ADDRESS)	Miami FL 33178			
Enter new mailing address, if applicable:	6511 NW 87 Avenue				
(Mailing address MAY BE A POST OFFICE BOX)		Miami FL 33178			
					
B. If amending the registered agent and registered agent and/or the new registered of			rds, <u>enter t</u>	he name of the nev	
Name of New Registered Agent:	FRANCISCO E	E. CENTENO, EA			
New Registered Office Address:	15757 Pines Bl				
		Enter Florida street ada	iress		
	Hollywood	,	Florida 330	27	
		Citv		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

Page 1 of 3

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 =		
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Chang:
			Add
			☐ Remove
			☐ Change
			☐ Add
			□ Remove
			Change
			Add
			□ Remove
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			Add
			☐ Remove
			□ Change
			Add Add
			Remove
			Change Change Add Remove

tax	and some other matters for 2015	moving forward.				
Plea	ase update EIN to 47-4294209					
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fective	e date, if other than the date o	of filing:		(optio	onal)	
n effecti ote: If 1	ive date is listed, the date must be spe the date inserted in this block do	cific and cannot be prior to es not meet the applica	to date of filing or mo able statutory filing	re than 90 days after requirements, this	filing.) Pursuant to 6 date will not be l	605.02 isted a
cument	t's effective date on the Departm	ent of State's records.				
recor	rd specifies a delayed effe	ctive date, but not	t an effective ti	me. at 12:01 a	.m. on the ear	rlier
	Oth day after the record is					
ted 11	./18	2015		\		
ted		· · · · · · · · · · · · · · · · · · ·	-/ 1/4 /			
			W		3	
	Signat	ure of a member or autho	rized representative of	of a member	2	
	_		•			
	FRANCISCO E CENTENO, I		d name of signee	rii-s		:

Filing Fee: \$25.00