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COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJ	Nine Four's,	LLC	•			
Name of Limited Liability Company						
		Amendment and fee(s) are subrandence concerning this matter t	_			
		Andrew Gindea				
			Name of Person			
		The Presser Law Firm, P.A				
			Firm/Company	.		
		6199 N. Federal Highway				
			Address			
		Boca Raton, FL 33487				
		,e	City/State and Zip Code	AMI		
		AE@AssetProtectionAttorn		 -		
		E-mail address: (t	o be used for future annual report notifi	cation)		
For fu	orther information co	oncerning this matter, please ca	ill:			
Andr	ew Gindea		561 953-1050 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclo	sed is a check for th	e following amount:				
■ \$2	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

Nine Four's, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our record led Liability Company)	5.)
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on April 30, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	ASE -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6 DEC 27 AN 7: 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
·	, Fl	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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
AMBR	KIWANUKA, MATHIAS	9018 STONE PIER DR.	
-		BOYNTON BEACH, FL 33472	
			Change
MGR	First Round Investments, LLC	P.O. Box 742903	
		Boynton Beach, FL 33474	□ Remove
			Change
			Add
			□ Remove
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fective date, if other than the date of filing:	of filing or more than 90 days after filing.) Pursuant to 605	5.020
<u>ote:</u> If the date inserted in this block does not meet the applicable st cument's effective date on the Department of State's records.	atutory filing requirements, this date will not be list	ed a
record specifies a delayed effective date, but not an of the 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlie	er (

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Typed or printed name of signee

Filing Fee: \$25.00