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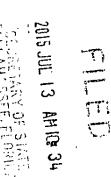
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## **COVER LETTER**

Division	of Corporations	28
OM SUBJECT:	223 INVESTMENTS, LLC	
· ,	Name of Limited Liability Company	•
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The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.	
Please return all o	correspondence concerning this matter to the following:	
•	JEEVAN PURI	
	Name of Person	
	Firm/Company	<del></del>
	10716 HUNTERS PLACE	
	Address	_
	VIENNA, VA 22181	
	City/State and Zip Code	_
	JNV.LLC@GMAIL.COM  E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
JEEVAN PURI	703 956-6969 at ( )	
	Name of Person Area Code Daytime Telephone Numb	er -
Enclosed is a chec	k for the following amount:	
<b>S</b> \$25.00 Filing	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	ate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

OM223 INVESTMENTS, LLC		
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 06/16/2015	and assigned
Florida document number 900274104159	described to the formation of the format	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	,
(Principal office address MUST BE A STREET	'ADDRESS)	als y case of will a sile of the first page of
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
	·	
	r registered office address on our records, ent	er-the name of the nev
registered agent and/or the new registered offi	<u>ce address here</u> :	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		ma primary
Name of New Registered Agent:		The second
New Registered Office Address:		- 원점 - 승
	Enter Florida street address	Corn F
	, Florida	:
	City	Zin 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

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

Title	<u>Name</u>			<u>Address</u>	Type of Action
MGR	VENAY	PURI		10716 HUNTERS PLACE	
				VIENNA, VA 22181	☐ Remove
					□ Change
AMBR	(SEE SE	CTION D	)		Add
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Filing Fee: \$25.00