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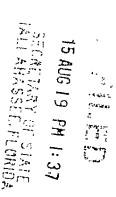
(Red	questor's Name)	·
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COVER LETTER

Div	ision of Corpo	rations			
SUBJECT:	LUBENS IN	VESTMENTS LLC			
SUBJECT.		Name of Lim	ted Liability Company	· · ·	
The enclosed	l Articles of Ar	nendment and fee(s) are sub-	mitted for filing.		
Please return	all correspond	ence concerning this matter	to the following:		
		RAQUEL B. MOWRER			
			Name of Person		
		OGC ASSOCIATES ORL	ANDO CORP.		
			Firm/Company		
		4368 LB MCLEOD RD			
			Address		<u></u>
		ORLANDO, FL 32811			
			City/State and Zip Code		
		RAQUEL@OGCFINANCI			
		E-mail address: (to be used for future annual re	eport nonneation)	
For further in	nformation con	cerning this matter, please ca	all:		
RAQUEL E	. MOWRER		407 985- at ()	-4404	
	Name of F	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
□ \$25.00 F	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

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

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number L15000108332	ompany were filed on 06/22/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regist registered agent and/or the new registered office address: New Registered Office Address:	ered office address on our records, enter the name of the neess here:
	Enter Florida street address
	City Florida ZPCode
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address, I hereby confirm that the limited liability
	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>	Name	Address	Type of Action
MGR	RUBENS T ASSUNCAO	11309 MIGHTY OAK COURT,	Add
		ORLANDO, FL 32821	Remove
			Change
			Add
			☐ Remove
			□ Change
			□ Remove
		Change	
		Remove	
			Change
			Add
		Remove	
		Change	
			Add
			☐ Remove
			☐ Change

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	- 55 - 26 - 17 - 16
	77 52
	## ## CT ## CT
	95 3
	3.
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to da No. 16.10	(optional) te of filing or more than 90 days after filing.) Pursuant to 605.020
<u>Note:</u> If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed a
ne record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of
Dated August 13th , 2015.	
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Page 3 of 3

Filing Fee: \$25.00