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## **COVER LETTER**

TO: Registration Se Division of Cor		•	
MAP525 II SUBJECT:	NVESTMENTS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Juan F Espanol		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	9265 Tropez lane		
		Address	<del></del>
	Delray Beach FL 33446		
		City/State and Zip Code	<del>"</del>
	espanolfrancisco@hotmail.		
For further information c	eoncerning this matter, please co	to be used for future annual report notif all:	ication)
Juan F Espanol		954 501-5761 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

MAP525 INVESTMENTS LLC (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 JUNE 25, 2015 and assigned Florida document number L15000110555 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 9265 Tropez Lane Enter new principal offices address, if applicable: Delray Beach FL 33446 (Principal office address MUST BE A STREET ADDRESS) 9265 Tropez Lane Enter new mailing address, if applicable: Delray Beach FL 33446 (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: N/A Name of New Registered Agent: 9265 Tropez lane New Registered Office Address: Enter Florida street address

## 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.

City

Delray Beach

If Changing Registered Agent, Signature of New Registered Agent

, Florida <sup>33446</sup>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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		Delray Beach FL 33446	■ Remove
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Filing Fee: \$25.00