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R. WHITE

JAN 0 4 2020

COVER LETTER

TO:		stration Sec sion of Corp			
eito ir	rem.		IE INVESTMENTS, LLC		
SUBJE	sc1: _		Name of Lim	ited Liability Company	
The end	closed	Articles of /	Amendment and fee(s) are sub	mitted for tiling.	
Please	return a	all correspor	ndence concerning this matter	to the following:	
			CRISTIANE LEON		
			KICANTO MANAGEME	Name of Person	
			10101 E BAY HARBOR I	Firm/Company DR APT 306	
			BAY HARBOR ISLANDS	Address S, FL 33154	
			KIKALEON@KICANTO.C	City/State and Zip Code	
			E-mail address: (to be used for future annual report	notification)
For furt	ther inf	ormation co	ncerning this matter, please ca	all:	
CRIST	TANE	LEON		305 744-229° at ()	7
		Name of	Person		ytime Telephone Number
Enclose	ed is a o	check for the	e following amount:		
■ \$25	5.00 Fil	ing 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 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

MACKENZIE INVESTMENTS, LLC

23151: 125 #110:59

(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 Compa	ny were filed on <u>07/01/2015</u>	and assigned
Florida document number L15000113899		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records ere:	s, <u>enter the name of the new</u>
Name of New Registered Agent:	,	
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida Zip Code
	City	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

• 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>	<u>Address</u>	Type of Action
MGR	COSMO MANAGEMENT LLC	9190 BISCAYNE BLVD STE 202, MIAMI SHORES, FL 33138	
			■ Remove
			Change
MGR	IAN G MACKENZIE	9190 BISCAYNE BLVD STE 202. MAIMI SHORES, FL 33138	
		_	■ Remove
			Change
			
			□ Remove
			Change
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
(f th e re d (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	NOV 19 2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00