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COVER LETTER

TO: Registration S Division of Co			
MENFITA SUBJECT:	ANA INVESTMENTS, LLC		
Sobole 1.	Name of Lin	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	MARINA, ALESI DE AN	1ADOR	
		Name of Person	· · · · · ·
	MENFITANA INVESTM	ENTS, LLC	
		Firm/Company	
	5077 NW 7th ST Apt 4-16	517	
		Address	
	MIAMI, FL 33126		•
		City/State and Zip Code	
	marinalesi@hotmail.com		
		to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
MARINA, ALESI DE	AMADOR	305 4369702 at ()	
Name	of Person		e Telephone Number
Enclosed is a check for	the 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

DocuSign Envelope ID: 4971C346-2EE9-4188-88A5-458A4A852538 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

MENFITANA INVESTMENTS, LLC				
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	77		
The Articles of Organization for this Limited Liability Co Florida document number L15000116870	ompany were filed on	and assigned		
This amendment is submitted to amend the following:		5		
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 "Limit	ted Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5077 NW 7th ST Apt 4-1617, MIAN	4I, FL 33126		
(Principal office address MUST BE A STREET ADDR	ESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5077 NW 7th ST Apt 4-1617, MIAN	41, FL 33126		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		er the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida	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

DocuSign Envelope ID: 4971C346-2EE9-4188-88A5-458A4A852538
11 amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

$AMBR = \lambda$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the an effective date is listed, the date mu	e date of filing:		(optional)	
an effective date is listed, the date mulote: If the date inserted in this b	ist be specific and cannot be prio- lock does not meet the appli-	r to date of filing or more the cable statutory filing requ	n 90 days after filing.) Pricements, this date wi	ursuant to 605.03 Il not be listed
ocument's effective date on the I	Department of State's records	s.	·	
e record specifies a delaye	d affactive data, but n	at an offostivo timo	at 13:01 a.m. on	the carlier
The 90th day after the re-		or an enective time,	at 12.01 a.m. on	the eather
May 10	2017			
		·		
May 19				
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Filing Fee: \$25.00