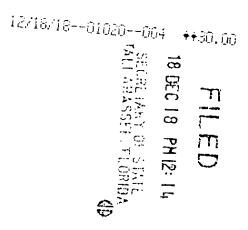
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(Requestor's Name)
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(Document Number)
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T SCHROFDER

COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

	VESTMENTS LLC		
SUBJECT:	Name of Lim	nted Enability 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:	
	DIARIS B GONZALEZ		
	RIGALI INVESTMENTS LL	Name of Person .C	
	2728 W 70 PL	Firm Company	······
	HIALEAH, FL 33016	Address	
	diarigali84@yahoo com	City'State and Zip Code	
For further information c	E-mail address; (concerning this matter, please c	to be used for future annual report noti- all:	lication)
DIARIS B GONZALEZ	2	786 5155321 at ()	
Name c	nt Person	at() Area Code Dayum	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed
	JNG ADDRESS; ration Section	STREET/COURI Registration Section	

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

-ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIGALI INVESTMENTS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	an <mark>v as it now appears on our record</mark> Liability Company)	<u>(x.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L15000133295	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
N/A		
he new name must be distinguishable and contain the words "Limited Liabi	itity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	25 18
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	2728 W 70 PL	THE D
Mailing address MAY BE A POST OFFICE BOX)	HIALEAH, FL 33016	· 전환
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		s, enter the name of the
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Floraia street addres	w.
	េ 1	orida
 	Ciţv	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>	Address	Type of Action
N/A			
			□ Remove
		***	Change
			□ Add
			☐ Remove
			□ Change
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			Remove ⊋ ∏
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		12/10/201	8					
Effective date, if other	er than the date of	f filing:		((optional)			
fun effective date is listed Note: If the date insert	I, the date must be spec	rific and cannot be pri						
locument's effective d								
e record specifies The 90th day aft			ot an effectiv	ve time, at 12:	:01 a.m. o	n the	earlie	er o
DECEMBER 1	0th	2018						
Prifers 1			·					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00