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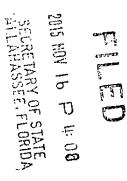
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COVER-LETTER *

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*	**************************************	OO VERTER TERM	*
TO: Registration Se Division of Cor		4	
SUBJECT: OF	CV Invest	Iments LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Oscar Pi	SCON / Maria	<u>Villas</u> miL
	OPCV In	vestments Ll	
		W 88 th 5t. Address	
		Address	
	Doral/	FL 33178 City/State and Zip Code	
		City/State and Zip Code	
	oper. invest	cments. LLC@ gmail	L.Com
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
Maria Vi	LlasmiL	at (786) 899 Area Code Daytime	-6172
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S \$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

OPCV Investments			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L190013789</u> .	were filed on 8/12/15 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9800 NW 88th. 5t.		
(Principal office address MUST BE A STREET ADDRESS)	Doral/FL 33178		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	eny zap code		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
If Chan	ging Registered Agent, Signature of New Registered Agent)		

Page 1 of 3

or removed from our records:					
MGR = Manager AMBR = Authorized Member					
Title	<u>Name</u>	Address	Type of Action		
MGR	first: Maria Carolina Lart: Villasmil Rubio	9800 NW 884 St. Doral	FL 33178 D'Add		
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	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be price	or to date of filing or mo	(optional) re than 90 days after filing.) Pur	suant to 605.0207 (3)(b)
Note: If	the date inserted in this block does not meet the applit's effective date on the Department of State's record	cable statutory filing		
If the reco	rd specifies a delayed effective date, but n Oth day after the record is filed.	ot an effective ti	me, at 12:01 a.m. on t	he earlier of:
Dated _	11 November, 2015	<u>.</u> ;		
	() $/$			
	Signature of a member or aut	horized representative of	f a member	
	Oscar	Picon	^	7.45.J
	Typed or prin	ited name of signee	1787 1787 1871	रहा कार्यकार ट्राइट कार्यकार व
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		Fee: \$25.00	LOH STA	المسيدة
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