15000/49090

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COVER LETTER

TO:

TO:	Registration Sec Division of Corp						
eren ir	The Herrera Group Equity Fund, LLC						
SUBJE	CI:	Name of Limi	ted Liability Company				
The enc	losed Articles of .	Amendment and fee(s) are sub-	nitted for filing.				
Please r	etum all correspo	ndence concerning this matter	to the following:				
		Daniel M. Herrera					
			Name of Person				
		81st Manor Investments, L	LC	!			
	•		Firm Company	<u>'</u>			
		5645 Coral Ridge Drive,#	345				
			Address				
		Coral Springs/Florida 3307	76				
			City/State and Zip Code				
		81stmanorinvestmentsllc@g					
C C a	1		to be used for future annual report not	rtication) ¹			
Por lur	her information c	oncerning this matter, please ca		ì			
Daniel	Негтега		954 682-8294 at ()				
	Name o	f Person	Area Code — Daytur	ne Telephone Number			
Enclose	ed is a check for the	ne following amount:					
■ \$25	5,00 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)			
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Control Tallahassee, FL 3	on prations Senter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Herrera Group Equity Fund. I		i				
(Name of the Lim	records.)	- 3				
The Articles of Organization for this Limited Florida document number 1.15000149090		and assigned on 15				
This amendment is submitted to amend the following		e G				
A. If amending name, enter the new name	of the limited liab	ility company here:				
81st Manor Investments LLC						
The new name must be distinguishable and contain the	words "Limited Liabi	hty Company," the designation	on "LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if appli	icable:	5645 Coral Ridge Drive, #345, Coral Springs, Florida 33076				
(Principal office address MUST BE A STRE	ET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered agent.)	d/or registered o					
Name of New Registered Agent:						
New Registered Office Address:	5645 Coral Ric	lge Drive, #345				
	Enter Florida street address					
	Coral Springs		, Florida <u></u>	76		
		Chy		Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete	performance of my dua	ties, and I am fa	miliar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 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 Type of Action Address Title Name _□ Add _□ Remove _□ Change _□ Remove _____ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change _□ Add

_□ Remove

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F. Effec	tive date, if other than the	date of filing	rannot be prior to	date of filing or mo	re than 90 day	(optional) 	Pursuant to 605.0	0207
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