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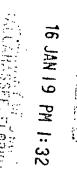
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COVER LETTER

Divi	ision of Cor	porations		
		vestment, LLC		
object.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Francisco J. Gonzalez		
			Name of Person	
		Kopelowitz Ostrow		
			Firm/Company	
		2525 Ponce de Leon Boule	evard, Suite 625	
			Address	
		Coral Gables, FL 33134		
		gonzalez@kolawyers.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For further in	formation c	oncerning this matter, please ca	all:	
Francisco J. (Gonzalez		954 554-9000 at ()	
_	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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

TO ARTICLES OF ORGANIZATION OF

Giacosa Investment, LLC		
(<u>Name of the Limited Li</u> (A FI	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L15000151660	ty Company were filed on	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		100
		6
		\$ 2 h
B. If amending the registered agent and/or r		iter the name of the n
registered agent and/or the new registered office	address nere:	R
Name of New Registered Agent:		- 80 - 80
New Registered Office Address:		
•	Enter Florida street address	
<u> </u>	, Florid	
	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

or removed from our records: MGR = Manager **AMBR** = **Authorized Member** <u>Title</u> Name 1 **Address Type of Action** Franco A. Lauricella MGR 801 BRICKELL BAY DR. #4C042 **■** Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove _□ Change Remove Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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Effecti (If an effe	ye date, if other than the date of filing:	(optional) 190 days after filing.) Pursuant to 605,0207 (3)
Note:	f the date inserted in this block does not meet the applicable statutory filing requi	rements, this date will not be listed as the
docume	nt's effective date on the Department of State's records.	
tha rac	and appaified a delayed affective that a but act an affective time.	at 17,01 a major the equipmet.
) The	ord specifies a delayed effective fate, but not an effective time, a 90th day after the record is filed	at 12:01 a.m. on the earlier of:
Dated_	January 11th 2016	
	Signaluration	
	Signature of a member or authorized representative of a mo	AHDCI
	Luis Bottaro, MGR	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00