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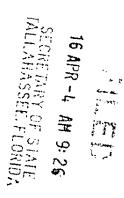
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PICK-UP	☐ WAIT	MAIL					
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J SHIVERS

COVER LETTER

TO: Registration Sec Division of Corp		,	
SUBJECT:	NUEST MENTS (3AP, 11C ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Cons	wels A Pines	?o
	Inves	STMENTS BAP, LL	<u></u>
	1956 N	W 169th Ave.	
	Pembro	KE PinES, FL 3 City/State and Zip Code	3028
	INVESTME E-mail address: (1	MSBAP @ 6MAL.C	Om ication)
For further information co	ncerning this matter, please ca	all:	
Consued Name of	D A Pineed	at (<u>954_) </u>	2-0282 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional 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

Investments (Name of the Limited Liability Com (A Florida Limite	BAP, LCC pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number <u>L 150001897779</u> . This amendment is submitted to amend the following:	ny were filed on NOV 09 2015 and assigned
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1956 NW 169 Th Ave Pembroke Anes, FL 33028
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1956 NW 169th Ave PEMBROKE PINES, FL 33028
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent: New Registered Office Address:	1956 NW 169th Ave
Pembe	20KE PINS Florida 33028

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	BORIS A PINERD	2688 NW 90th Ave	🗖 Add
		COLAR SPRINGS, FL 33065	Remove
			🗆 Change
MGRM Consuelo A PINE	Consuelo A PINERO	1956 NW 169th Ave	
		PEMBROKE PINES, FL 33026	B □ Remove
	1		X Change
N/A N/A	NA		□ Add
			☐ Remove
•	1		Change
NA	NA		🗆 Add
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	ı		🗆 Change
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* D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00