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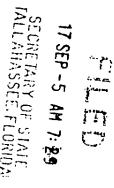
(Requestor's Name)	
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## **COVER LETTER**

то:	Registration Se Division of Cor			
cript		stment Fund LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Pedro P Freitas		
			Name of Person	
			Firm/Company	<del></del>
		8414 Morehouse Dr		
			Address	
		Orlando FL 32836		
		pedrofreitas@yahoo.com	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report no	tification)
For fu	rther information co	oncerning this matter, please ca	all:	
Pedro	P Freitas		305 209-0909 at ()	
	Name of	f Person	Area Code Daytii	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>=</b> \$2	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)

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

Freitas Investment Fund LLC		
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili		and assigned
Florida document number L15000190059	<del></del> ·	
This amendment is submitted to amend the following	ត់:	
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	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: <u></u>	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office.  Name of New Registered Agent:  New Registered Office Address:		17 SEP -5 AM : SECCRE LARY OF STALLAHIASSEE, FL
_	City	Sign Office
	. 1.4	2.

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>	<u>Address</u>	Type of Action		
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(If an effective Note: If the	date, if other that the date is listed, the date the date inserted in the seffective date on	ite must be specific this block does no	and cannot b of meet the	applicable	ate of filing o	r more than 90 ling requirer	(option days after fi nents, this c	ling.) Pursuai	nt to 603 t be list	5.0207 .ed as
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