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COVER LETTER

TO: Registration S Division of Co			
	NVESTMENTS LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subt	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BERENICE IPIA-FELICIA	400	
	 	Name of Person	
	PRATS FERNANDEZ &	CO	
		Firm/Company	
	999 PONCE DE LEON BI	LVD. STE. 1110	
		Address	
	CORAL GABLES, FL 331	134	
		City/State and Zip Code	
	_		_
	DAVOR INVESTMENTS LLC Name of Limited Liability Company		
For further information	concerning this matter, please ca	all:	
BERENICE IPIA-FEL	ICIANO		
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations P.Q. 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

DAVOR INVESTMENTS LLC			
(Name of the Limi	ed Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on 11/17/2015 Florida document number 1.15000194089			
his amendment is submitted to amend the foll	owing;		
A. If amending name, enter the new name of	f the limited liability company h	<u>iere</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L.I.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:		
<u>Principal office address MUST BE A STREI</u>	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)	2019 NOV 22 NH SECRI LA Y SEE FAR	
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address of office address here:	on our records, enter-the fixme of the n	
Name of New Registered Agent:	REDITUS GROUP LLC		
New Registered Office Address:	999 PONCE DE LEON BLVD.	STE. 1110	
		orida street address	
	CORAL GABLES	. Florida 33134	
	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

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>	Name	Address	Type of Action
MGR	JARAMILLO, LUCAS	175 SW 7TH STE 1405	
		MIAMI, FL 33130	☐ Remove
			☐ Change
			☐ Remove
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		<u>-21, </u>	Remove
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Effective date, if other than the difference date is listed, the date must be Note: If the date inserted in this blood document's effective date on the Dep	k does not meet the applic:	to date of filing or more than the statutory filing require	(optional) 90 days after filing) Pursuant to 6 ements, this date will not be li	05.020 sted as
he record specifies a delayed The 90th day after the reco	effective date, but no rd is filed.	t an effective time, a	t 12:01 a.m. on the ear	lier o
Dated SEPTEMBER 30	2019	<u> </u>		
	1111			
,	1141			
	ignature of a member or author	orized representative of a me	nber	

Page 3 of 3

Filing Fee: \$25.00