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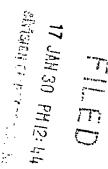
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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations		
CHDII		ORADO INVESTMENTS, LL	.c	
SUBJE	SC1;	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
-		JOSEPH C. KEMPE, ESQ	,	
			Name of Person	
		JOSEPH C. KEMPE, PA	ATTORNEYS AND COUNSELORS	AT LAW
			Firm/Company	
		941 N FEDERAL HIGHW	'AY	
		-	Address	
		JUPITER, FL 33477		
			City/State and Zip Code	····-
		JOEKEMPE@JCKEMPE.C		
		E-mail address: (to be used for future annual report notific	ation)
For fur	ther information co	oncerning this matter, please ca	all:	
TRAC	Y COSTANZO		561 747-7300 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$ 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

FINN COLORADO INVESTMENTS, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on DECEMBER 18, 2015	and assigned
This amendment is submitted to amend the following:		
A: If amending name, enter the new name of the lim	nited liability company here:	
FINN CAPITAL, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the ab	breviation "L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	- W P
		-0 [[
		* = 5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· +
		_
B. If amending the registered agent and/or registered agent and/or the new registered office add	· · · · · · · · · · · · · · · · · · ·	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Change
•			□ Add
•			Remove
			☐ Change ☐ Add
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			□ Add
			Remove
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Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	The 90th day after the record is filed.	·
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Filing Fee: \$25.00