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## **COVER LETTER**

FO: Registration : Division of C		;	
	nvestments LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
	pondence concerning this matter	_	
	Brittany Uribe		
		Name of Person	<del></del>
	Tintara Investments ELC		
		Firm Company	· · · · · · · · · · · · · · · · · · ·
	1429 Fruit Cove Forest Re	IN	
		Address	
	St Johns, FL 32259		
	brittanyuribe@hotmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti-	fication)
For further information	concerning this matter, please c	all:	
Brittany Uribe		813 510-0488 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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
Regis	LING ADDRESS: stration Section ion of Corporations	STREET/COURI Registration Sectio Division of Corpor	ก

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tintara Investments LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/07/2016	and assigned
Florida document number L16000047543		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	17 BS
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC" of	or the abbreviation "L.L.Ç."
Enter new principal offices address, if applicable:	16729 Fishhawk Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Ste#: 16	<u> </u>
	Lithia, FL 33547	<u> </u>
Enter new mailing address, if applicable:	1429 Fruit Cove Forest Rd N	シ
(Mailing address MAY BE A POST OFFICE BOX)	St Johns, FL 32259	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gabriela Di Blasio	15619 FISHHAWK VIEW DR	<b>=</b> Add
		1-17+11A, FL 33547	□ Remove
			Change
			Add
			☐ Remove
			- O Galage
			Remover O
			O Add
			□ Remove
			Change
			D Add
			Remove
			Change
			□ Add
			□ Remove
			Change

Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.		<del></del>
Effective date, if other than the date of filing:    (optional)   (if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020   Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The effective date adelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.		
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Signature of a member or authorized representative of a member	d DECEMPER 5 . 2017	
3 Signature of a member of admonred representative of a member	Signature of a member or authorized representative of a member	_
Brittany Uribe		

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Filing Fee: \$25.00