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COVER LETTER

TO: **Registration Section Division of Corporations**

Division of Corporations

Tallahassee, FL 32314

k for the following amount:

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P:0.:Box:6327

SUBJECT: MAGEPA INVESTMENT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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YVERLINE PIERRE-LOUIS#R ;	
Name of Person	
Hon Section	
* of Composition MAGEPA INVESTMENT LLC	
Firm/Company	
EPANNVESTMENT 12.0	
16303 NW 14 ST Limited Lian lay C . Address	
Address	
Jes of Ampembroke Pines FL 33028 (6)	
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City/State and Zip Code correspondence constraint of the state to the	
yverline1994@yahoo.com E-mail address: (to be used for future annu	al report notification)
	. 15.
For further information concerning this matter, please call:	
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YVERLINE PIERRE-LOUIS at (203) 515- Name of Person State Louis Part Louis Area Code	7361 Daytime Telephone Number
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Registration Section Registra	tion Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGEPA INVESTMENT LLC		<u> </u>	
(Name of the Limited Liability Comp. (A Florida Limited Li	any as It now appears on ou ability Company)	ir records on the second of th	
		M A P	
The Articles of Organization for this Limited Liability Compar	ny were filed <u>a</u> 013/16/2016	and assigned	
Florida document number 16000053713		09 10A	
This amendment is submitted to amend the following:		•••	
A. If amending name, enter the new name of the limited	liability company here	:	
क्षणां स्व श्राह क			
The new name must be distinguishable and comainords "Limited Liability	y Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	16303 NW 14 ST		
(Principal office address MUST BE A STREET ADDRESS	S) PEMBROKE PINES FL	_ 33028	
<u> </u>			
Organization for this United Linuisty Comp. Enter new mailing address, if applicable:	16303 NW 14 ST		
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINES FL	33028	
the submitted of emend the following:			
name, enter the new hame of the deduc-			
B. If amending the registered agent and/or registered		our records, enter the name o	if th
registered agent and/or the new registered office address , he distinguishable and continued. I make Lab?	ss here:		
·			
Name of New Registered Agent: (\$153 FRITZ PIERR	E-LOUIS	_	
New Registered Office Address: 16303 NW 14	ST		
Market Committee	Enter Florida street ac	Idress	
PEMBROKE I	PINES .	Florida 33028	
I'ng address, if applicables	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 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

Page 1 of 3

If amending Authorized Person(s) authorized to margarer the title, name, and address of each person being adde or removed from outcrecords: estimate activities and age of the control of the co

AMBR = Authorized Member

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