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COVER LETTER

TO: Registration Section Division of Corpo					
SUBJECT: Maga	na International	Investments LLC.			
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
	Juan F.	laca		2013 057 29	77 =
		Name of Person		29	\
	Magna Intern	ational Investments L	LC	1 D 9: 03	
	9	Firm/Company		رن خ	
	1381 Rivervie	cw Dr Moore Haven	FL 33471	لب	
		Address			
	More Haven	City/State and Zip Code			
	E-mail address: (firm . Com to be used for future annual report notific	ration)		
For further information con-	cerning this matter, please ca	all:			
Juan F. V	NCAerson		- 44 (1) 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 Certificate of Certified Co (additional cop	of Status & opy	

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

Magna International love	estments LLC.	
Magna Internationa Inve Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000056315</u> .	were filed on <u>3/21/201</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>~</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		T 1. E 5
B. If amending the registered agent and/or registered o	ffice address on our record	ds, enter the name of the nev
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	City , F	lorida Zip Code
New Designand Assetts Claretons if shoreing Designand Assets		

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>	Address	Type of Action
MGR	VACA JUAN EERWANDO	1381 Riverview Dr. Moore Haven FL	3347 5 Add
			□ Remove
			B Change
			Add
			Remove Change Add
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			.⊖ c⊡ Remove
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record specifies a del	layed effective of record is filed.		an effective	time, at 12:	01 a.m	. on th	e earlie
ne John day arter the							
ed10 / 25 /	2019	· <u> </u>	and the				

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Filing Fee: \$25.00