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FILEU 2018 JUN -6 P 5: 59 SECRETARY OF STATE

> JUN 0 7 2016 Warren

COVER LETTER

TO: Registration Section Division of Corpor			•
SUBJECT:	MAN SER Name of Limi	INVESTME	INTS LLC
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
•	Florida PR P.O. B	Name of Person POPELLY MANAGEME Firm/Company BOX 10 Address Address City/State and Zip Code BOREDOE CCIM To be used for future annual report notification.	NT SERVICES INC
For further information conc			. Lion,
SASTON RE Name of Per	BOKSO Son	at (<u>561</u>) 6 990 Area Code Daytime	220 Telephone Number
Enclosed is a check for the fo	ollowing 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)

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**

•	INVESTMENTS LCC
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) red Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on $05/05/2016$ and assigned 30
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" for the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Parton many modifies and decrease of any standards.	P 5: 5 F STATI FLORU
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Age	City Zip Code

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 = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
AR	GASTON REBOREDO	2901 W. CYPRESS CREEK RD.	Add
		Suite 116	Remove
		Ford Lavobroalle FL 33309	Change
MGR	PATRICIA PINAZO GRATER	DL 2901 W. CYPRESS CEREK RS.	Add
		SuitE 116	Remove
		FORT LANDGROALE FL 3330	<u>9</u> □ Change
			Remove
		<u></u>	Change
			Add
			Remove
			Change
			Add
			Remove
		TA SE	Change
			T Add
		F STATE	□ Remove
			Change

f ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffecti	ve date, if other than the date of filing: (optional) extive 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
an effo <u>ote:</u>	extive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cume	ent's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	90th day after the record is filed.
	MAY 25 20161. \\ \
ated_	
	Signature of a member or authorized representative of a member and a second sec
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	OR OF
	Page 3 of 3

Filing Fee: \$25.00