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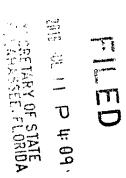
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COVER LETTER

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eup ieca		33428, LLC			
SUBJECT: Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
		Nelson Guerrero			
		 	Name of Person	 	
		Invest GG 33428			
	Firm/Company				
		6062 NW 118 Drive			
			Address		
		Coral Springs, Fl 33076			
		investmentsgg@yahoo.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For further	r information co	oncerning this matter, please ca	all:		
Nelson G			786 2862912 at () Area Code Daytime		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed i	s a check for th	e 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)	

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

TO ARTICLES OF ORGANIZATION OF

Invest GG 33428, LLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) apany)
The Articles of Organization for this Limited Liability Company were filed Florida document number	on 05/112016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	1014 F2
Enter new mailing address if applicables	TOF STA
Enter new mailing address, if applicable:	RATE O
(Mailing address MAY BE A POST OFFICE BOX)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of th
Name of New Registered Agent:	
New Registered Office Address:	Clarida da d
En	uer Florida street address
City	, Florida Ziv 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Heliodoro Guerrero	6062 NW 118 Drive	Add
		Coral Springs, Fl 33076	■ Remove
			□ Change
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fective date, if other than the neffective date is listed, the date m				_ (optional)	
n effective date is listed, the date mo ote: If the date inserted in this b	ist be specific and cant lock does not meet	not be prior to date of fi the applicable statute	ling or more than 90 or ory filing requirem	days after filing.) P ents-this date wi	ursuant to 605.0207 (Il not be listed as t
cument's effective date on the I			gq	,	11 1101 00 110102 40 1
record specifies a delaye	d effective date	. but not an effe	ctive time, at 1		the earlier of:
he 90th day after the re	cord is filed.	,			
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June 23 ted	20	016			
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	Signature of a mem	ber or adthorized repre	sentative of a membe	r	
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		Nelson	Guerre	eros =	Enta sev enci
	Тур	ed or printed name of s	signee		m
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		Page 3 of 3		22 0	

Filing Fee: \$25.00