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	(Requestor's Name)
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	(Business Entity Name)
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COVER LETTER

	Registration Sec Division of Corp			
emme		1A INVESTMENTS, LLC		
SUBJEC	-1:	Name of Limi	ited Liability Company	
-				
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspoi	ndence concerning this matter	to the following:	
		KIMBERLY BUI		
			Name of Person	
		- · · · · · · · · · · · · · · · · · · ·	Firm/Company	···-
		3214 E COLONIAL DR		
			Address	
		ORLANDO, FL 32803		
			City/State and Zip Code	
		kimberlyhoangbui@gmail.c		
			to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
KIMBE	RLY BUI		949 861-1314 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	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

. KIM ALOMA INVESTMENTS, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12/05/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	En Company of Andrews and I company	
The new name must be distinguishable and contain the words. Elimited Elaot	-	
Enter new principal offices address, if applicable:	4270 ALOMA AVE SUITE 148-150	-152
(Principal office address MUST BE A STREET ADDRESS)	WINTER PARK FL 32792	7 65
		<u> </u>
	•	
Enter new mailing address, if applicable:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		F
	-	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rnier r ioriaa sireei auaress	

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u> <u>Name</u>		<u>Address</u>	Type of Action	
MEMBER	Tran, Loan	1430 Via Sangro PL		
		Winter Park, FL 32792	Remove	
			☐ Change	
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fective date, if other than an effective date is listed, the date ote: If the date inserted in this cument's effective date on the	must be specific and cannot s block does not meet the	e applicable statutory i	(option or more than 90 days after fi filing requirements, this o	lling.) Pursuant to 605.0	0207 d as
record specifies a dela The 90th day after the r		but not an effectiv	ve time, at 12:01 a.	m. on the earlie	r o
December 12	201	7			
		W//			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00