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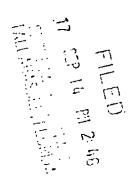
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(Document Number)
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D. SCOTT SEP 1 5 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SIMON BOLICUR 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:
TSIS TSabel. Name of Person
H & I Tax Investment corp
1860 N Pine Island Ro Svite #109
Placetation II 33322 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 6005801 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status} \$\$\subset\$ \$\subseteq \text{\$\subset\$ \$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \seteq \seteq \seteq \text{\$\subseteq \seteq \se
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	ie Investment LCC.
(Name of the Limited (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L 16000/1353</u>	bility Company were filed on $\frac{06/10/2016}{35}$ and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	the limited liability company here:
The new name must be distinguishable and contain the work	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ble:
(Principal office address MUST BE A STREET	ADDRESS)
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 BO	ox)
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, enter the name of the nev ce address here:
Name of New Registered Agent:	Beateiz Seeeano
New Registered Office Address:	16315 Nw 8320 ct Enter Florida street address
	Miami Lakes, Florida 33016
New Registered Agent's Signature, if changing Re	inp 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 = Authorized Member Title Name Address **Type of Action** Horica Sellano 15476 Nw 77ct 0Add Har Ssite #120, Miami Lakes Remove FL 33016 ☐ Change 16315 NW 83RD CT MAD Beateiz Sereano Miami Lakes Fl 33016 Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add □ Remove - 🗆 Remove ☐ Add □ Remove ☐ Change

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	Mism tollas FL. 3301	16
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00