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J. HARRIS

## **COVER LETTER**

TO:	Registration Sec Division of Corp						
CLID TE		STMENTS, LLC					
SUBJE	C1:	Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please r	eturn all correspon	ndence concerning this matter	to the following:				
		NESTOR L. RAMOS					
			Name of Person				
		NLR INVESTMENTS, LL	.C				
		<del> </del>	Firm/Company				
		824 PALM COVE DR.					
			Address				
		ORLANDO, FL 32835					
		City/State and Zip Code					
		NESTOR.RAMOS@OUTL					
		·	to be used for future annual report notifi	cation)			
For furt	her information co	oncerning this matter, please co	ali:				
NESTO	R L. RAMOS		305 282-0936 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for th	ne following amount:					
<b>50 \$2</b> 5	.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

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)  he Articles of Organization for this Limited Liability Company were filed on 06/15/2016  lorida document number L16000118635	and assigned
orida document number L16000118635	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
LR INVESTMENTS, LLC	
e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLo	
nter new principal offices address, if applicable:	16 SEU
rincipal office address MUST BE A STREET ADDRESS)	22 G
	37 J
nter new mailing address, if applicable:	≟ိုΩ ယ ∹ွိဳ
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
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## 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 **Address Type of Action** Title **Name** □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change Add Remove ि Change \_□ Remove

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cument's effective date on	the Department of S	State's records.				
record specifies a de The 90th day after the			effective time, at	. 12:01 a.m. o	on the ear	lier o
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ted	Signature of a	priember or authorized i	epresentative of a mem	ber		 H 

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Filing Fee: \$25.00