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COVER LETTER

		istration Sect sion of Corpo						
SUBJEC	Vesado Investment Group LLC							
SUBJEC	-1; _.		Name of Limit	ed Liability Company				
The encl	osed	Articles of A	mendment and fee(s) are subm	nitted for filing.				
Please re	turn a	all correspond	lence concerning this matter to	o the following:				
			David Minor					
				Name of Person	· · · · · · · · · · · · · · · · · · ·			
			Vesado Investment Group					
				Firm/Company				
			2203 N Lois Ave Suite 2203	1				
				Address				
			Tampa FL 33607					
				City/State and Zip Code				
			david@vesado.com					
			E-mail address: (to	be used for future annual report not	ification)			
For furthe	er inf	ormation con	cerning this matter, please call	:				
David Mi	inor			813 533-3111 at ()				
		Name of Pe	erson	Area Code Daytin	e Telephone Number			
Enclosed	is a c	check for the f	following amount:					
□ \$25.0	00 Fil	ing 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

Vesado Investment Group LLC		
(Name of the Limited Liab (A Flori	oility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 08/12/2016	and assigned
Florida document number L16000151545	'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		,
B. If amending the registered agent and/or registered agent and/or the new registered office ade	istered office address on our re	cords, enter the name of the new
registered agent and/or the new registered office ad-	ur <u>ess here</u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street e	ad duana
	Emer Fromad Sireel (
	City	_, Florida
	~",	Dip Couc

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ebanks, Hulsey L	2203 N Lois Ave Suite 1210	
		Tampa FL 33607	■ Remove
			□ Change
			Add
		 	□ Remove
			☐ Change
			Add
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ote: If	re date, if other than ctive date is listed, the dat f the date inserted in the nt's effective date on t	nis block does not mee	t the applicable stat	(0) filing or more than 90 days autory filing requirements,	ptional) after filing.) Pursuant to 605.0207 this date will not be listed as
	ord specifies a dela 90th day after the		e, but not an ef	fective time, at 12:0	1 a.m. on the earlier o
ated	1/21/16		·		
	$I \rightarrow$	·			

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Typed or printed name of signee

Filing Fee: \$25.00