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COVER LETTER

TO: Registration Division of C			
	NVESTMENTS LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Paulo Gomes		
		Name of Person	
	Gomes Insurance e Accou	nting	
		Firm/Company	
	129 SW 15th Street		
		Address	
	Deerfield Beach FL 33441		
		City/State and Zip Code	
	paulo@gomesins.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Paulo Gomes		954 8182991	
Name	e of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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:

TO:

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

VINCO INVESTMENTS LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number L16000180659		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	· · · · · · · · · · · · · · · · · · ·	8 VISE
		NAY YAR
Enter new mailing address, if applicable:		T FARE
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		9 ≥ 5 ≤ 9
		5 100 N
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the nev
registered agent and/or the new registered office address ne	<u>:re</u> ;	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	ia
	City	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

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
MGR	Victor Monteiro	5851 HOLMBERG ROAD AP 302	
		PARKLAND, FL 33067	■ Remove
		5851 HOLMBERG ROAD AP 302	☐ Change
MGR	Rachel Monteiro	PARKLAND, FL 33067	
			Remove
			☐ Change
			Add
			Remove
			Change
		 -	□ Add
			Remove
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12.00 t	1						
(If an effecti <u>Note:</u> If t	date, if other that we date is listed, the date inserted in the date inserted in the effective date on	ate must be specific a this block does not	and cannot be prior it meet the applic	able statutory filir	(option or than 90 days after a requirements, this	filing.) Pursuant to 605	.0207 ed as
the recor) The 90	d specifies a de Oth day after th	elayed effective e record is filed	date, but no	ot an effective	time, at 12:01 a	.m. on the earlie	er o
Dated Ma	ay 14			·			
	,	/ ,	/				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00