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COVER LETTER

TO:

TO: Registration S Division of Co			
	R INVESTMENTS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	DATAN DOROT		
		Name of Person	
	DOROT & BENSIMON I	PL.	
		Firm/Company	
	20295 NE 29TH PLACE.	SUITE 201	
		Address	·
	AVENTURA, FL 33180		
		City/State and Zip Code	
	INFO@DOROTBENSIMO		
		to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
DATAN DOROT		305 921-9421	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 tadditional copy is enclosed
Regist Divisi	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	1
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cer	nter Circle

Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUFFLER INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 01/10/2017	and assigned
Florida document number L17000007807		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "I,L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		(
(Mailing address MAY BE A POST OFFICE BOX)		
in the state of th		
B. If amending the registered agent and/or registered of		r the name of the new
registered agent and/or the new registered office address her	<u>re</u> :	17 T
Nama of Naw Ragistaryd Agants		100 m
Name of New Registered Agent:		S 72 , -
New Registered Office Address:	Enter Florida street address	E
	, Florida _ 	Tip Side
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	3-4
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further a	gree to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as		
being filed to merely reflect a change in the registered office		
company has been notified in writing of this change.		1
If Cha	inging Registered Agent, Signature of New I	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 Type of Action Name <u>Address</u> MGR DATAN DOROT 20295 NE 29TH PLACE **■** Add STE 201 □ Remove AVENTURA, FL 33180 ☐ Change □ Remove _□ Change _□ Add _□ Remove _□ Change _□ Add _□ Remove ☐ Change □ Add □ Remove _□ Change □ Add □ Remove

_□ Change

		
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Note:	tive date, if other than the date of filing: October 1, 2017 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	0207 (3)(I as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied 90th day after the record is filed.	of:
Dated	October 11 2017	
	I AIN UT MIXA	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00