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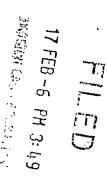
(Re	equestor's Name)	
(Ad	tdress)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Secti Division of Corpo		
SUBJECT:	KESTMENT GAINS LLC	
	Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	DENNIS SHELVY Name of Person	
	Name of Person	
	INVESTMENT GAINS Firm/Company	
	Firm/Company	
	11068 SANTA FE ST N Address	
	Address	
	TACKSONVILLE FL 32246 City/State and Zip Code	
	City/State and Zip Code	
-	DEMVIS SHELVY (DEMAIL. COM) E-mail address: (to be used for future annual report notification)	
For further information conc	cerning this matter, please call:	
DENNIS.	SHELVY at (904) 395-5498 Area Code Daytime Telephone Number	
Name of Pe	erson Area Code Daytime Telephone Number	
Enclosed is a check for the f	following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Certificate of Certified Copy is enclosed) Certified Co	of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTMEN			LC				
(Name of the Limited Liab (A Flori	ility Company da Limited Lial	as it now appoility Compar	ocars on our ly)	records.)		_	
The Articles of Organization for this Limited Liability Florida document number <u>417000099965</u>		ere filed on		5/201	<u>'7</u> an	d assigned	
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the li	mited liabilit	y company	here:		·		
The new name must be distinguishable and contain the words "Le Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	-	Company," tl	he designatio	n "LLC" or the	e abbreviatio	n "L.L.C."	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- - - -					EB -6 PH 3: 19	- 2 g
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		e address	on our r	ecords, ent	er the na	me of the	new
Name of New Registered Agent:	1000			//			_
New Registered Office Address:	1068		Florida street	address	N		_
	TACKS	ONV/L City	LE	, Florida	327. Zip (2.46 Code	<u>-</u>

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 amend	ing Authorized Person(s) authorized to mained from our records:	nage, enter the title, name, and address of each	person being added
	Manager O= OWNER Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	DENNIS SHELVY	Address 11068 SANTA FE ST N JACKSONVILLE, FL 32246	X Add
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ffective date, if oth	er than the date of fi	iling: <i>Janua</i>	RY 31, 20	/ <i>7</i> (opti	onal)
an effective date is fisted	I, the date must be specific ted in this block does n	c and cannot be prior:	to date of filing or mo	ire inan 90 days anc	r filing.) Pursuant to 605. s date will not be liste
locument's effective d	ate on the Department	of State's records.			
e record specifies	a delayed effectiv	ve date but not	an effective ti	me_at 12:01 .	a moon the earlie
The 90th day aft	er the record is file	ed.	an checuve ti	ine, at 12.01	, , ,
Teller	21, 21	2017			
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		of a member or autho			

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Filing Fee: \$25.00