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COVER LETTER

Division of Corp	orations		
Palacios Inv	restments Group LLC.		
	Name of Limite	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Esmír A Palacios		
		Name of Person	
	Palacios Investments Group	LLC	
		Firm/Company	 _
	6355 NW 36 Street Suite 40)i	
		Address	
	Miami FL 33166		
		City/State and Zip Code	
	claraines@aysainternational		
	E-mail address: (to	o be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	II:	
Clara I Salazar		305 7945528 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:/

Registration Section

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

PALACIOS INVESTMENTS GRO			
(Name of the Limi	ted Liability Comps (A Florida Limited)	nny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited L	iability Company	were filed on 01/12/2017	and assigned
Florida document number L17000010121	·		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			## 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			.
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of	office address on our records,	 .
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Flo	rida
		City	Zip 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	ANA C CHAVEZ	11233 NW 78 St Doral FL 33178	
			Remove
			Change
MGR	ANA C PALACIOS	11233 NW 78 St Doral FL 33178	Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
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			Change

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