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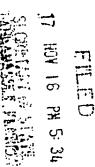
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COVER LETTER

	istration Section of Corp			
SUBJECT:	INVESTME	ENTS DARWCO, LLC		
on in the contract of the cont		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		FERNANDO J.ZAMORA		
			Name of Person	
		FERNANDO J. ZAMORA	L	
			Firm/Company	
		11102 NW 83 RD ST		
			Address	<u> </u>
		DORAL, FLORIDA 33178	3	
			City/State and Zip Code	
		THEGARDENOFKIDS@G		
			to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all;	
FERNAND	O J. ZAMOR	Λ	305 490-0767	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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

INVESTMENTS DARWCO, LLC]	
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited I Florida document number $\frac{L-17000035941}{L-17000035941}$	Liability Company were filed on $\frac{0}{2}$	2-14-2017 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company l	<u>iere</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of		n our records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	11102 NW 83 RD ST	
	Enter Fl	orida street address
	DORAL	, Florida 33178
New Registered Agent's Signature, if changing	City Registered Agent:	Zip Code
I hereby accept the appointment as register provisions of all statutes relative to the propactions of my position as regions of my position as regions filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of gistered agent as provided for in registered office address, I her	of my duties, and I am faithfur with and Chapter 605, F.S. Or, if this document is

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	DARIO RUBEN	11401 NW 89,APT 111	
		DORAL FLORIDA 33178	■ Remove
			Change
AMBR	CORREA DAYANNA	11102 NW 83 RD ST, SUITE 230	= Add
		DORAL FLORIDA 33178	□ Remove
			Change
			Add
			Pemove
			☐ Change
			☐ Remove
			☐ Change
			Add
			Remove Change Add,
			Add Single Change

		
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e record specifies a delayed effective. The 90th day after the record is fill ated.	led.	a.m. on the earlier of

Page 3 of 3

Filing Fee: \$25.00