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2019 JAN 24 PH 4: 31

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brandon Flitting LLC Name of Limited Liability Company	Dig Jan
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	Sare
Brandon Flitter Name of Person Asset Management Resource Pirm/Company	
Do Box 340 6/5 Address Tampa, FL 356 9/ City/State and Zip Code brandon @ Amr Aprida . Com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 3 randon Fl-tree	· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the following amount: \$\begin{align*} \begin{align*} \text{\$\text{\$\text{\$25.00 Filing Fee} & \$\text{\$\text{\$\text{\$\text{\$\text{\$}}}} \\ \$\text{\$\tex{	taitus &
MAILING ADDRESS. STREET/GOUDIED ADDRESS.	

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

Brondon Flither	` 440	TO THE SECOND SECOND
(Name of the Limited Lia	bility Company as it now appears on our recorda Limited Liability Company)	ords.)
(711)	A company	
The Articles of Organization for this Limited Liability	y Company were filed on 2 /14/	and assigned
Florida document number <u>[</u>	, , , , , , , , , , , , , , , , , , ,	
- '		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l		
The new name must be distinguishable and contain the words	FIME Investment	Holdings LLC
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS	
(17mc)pm Office dames, proof BE7151 NEE1 718		
Parameter and discount formal bankles		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or re	wistered office address on our reco	rds, enter the name of the ne
registered agent and/or the new registered office a	•	
Name of New Registered Agent:		
Name Danier and Office Address.		
New Registered Office Address:	Enter Florida street ado	Iress
		Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	
 I hereby accept the appointment as registered age	ent and agree to act in this capacity. I	further agree to comply with th
provisions of all statutes relative to the proper an	d complete performance of my duties,	and I am familiar with and
accept the obligations of my position as registered being filed to merely reflect a change in the regist		
company has been notified in writing of this chang		inai ine timuea tiaotitiy
	If Changing Registered Agent, Signatu	re of New Registered Agent

Page 1 of 3

If amendin	amending Authorized Person(s) authorized to manage, enter the title, name, and address of each/person being adderess from our records:		
MGR = M			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			□ Change
			□ Add
			Remove
			□ Change
			Add
			☐ Remove
			□ Change
			□ Remove
			Change
			Add
			Remove
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			□ Remove
			□ Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	<u>}</u>
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ffectiv	e date, if other than the date of filing:	405 0 20 5
lo <u>te:</u> li	tive date is used, the date must be specific and cannot be prior to date of ming of more than 90 days after thing.) Fy the date inserted in this block does not meet the applicable statutory filing requirements, this date will at's effective date on the Department of State's records.	
		16 111111111 11111
ated _	Jon ory 70 2019	
	My Lyll S	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Ston Jon Fl. Fire. Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00