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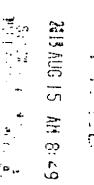
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COVER LETTER

Division of Corporati	ons		
SUBJECT: AGUILO	TNVLSTMENT Name of Limit	5 Grap LLC ted Liability Company	
The enclosed Articles of Amend	iment and fee(s) are subn	nitted for filing.	
Please return all correspondence	e concerning this matter to	o the following:	
_ <u>i</u>	Miguel Aguila Inves	Stylents Croup 1 Firm/Company	J.Co
_(1211 WW	aters Ave	
	Tumpa F	Address L 33614 City/State and Zip Code be used for future annual report polifica	
For further information concerni		·	non)
Mgvu Agus Name of Person	iu/	at (813) 308 00	0 SS Hephone Number
Enclosed is a check for the follo	wing amount:		
Ø \$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

TO:

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

Aquila Investments	Grap LLC			_
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)			
The Articles of Organization for this Limited Liability Comp	any were filed on OZ 22/1	7	_ and a	essigned
Florida document number <u>L 170000 4:1130</u> .	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and contain the words "Limited L	ciability Company," the designation "LLC" of	or the abbro	eviation '	'L.L.C.''
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	0			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>	8.5 C10	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter-th	e孫am 三	e of the ne
			S:	
Name of New Registered Agent:		<u> </u>	တ္	Jacob
New Registered Office Address:	Enter Florida street address	*	— <u>6</u>	
	, Flor	ida		
	City		Zip Coa	le .

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
Amor	Leth Savage	1000 3205 Limerdrive	
	J	Plant City FL 33566	Remove
			Change
MGR	Miguel Aguicus	1550 Auring Circle	D Add
		colessa FL 33556	□ Remove
			Change
			🗆 Add
			🗆 Remove
			Change
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			Remove
			Change
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			Add
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			_□ Change

Dags 2 of 2

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T- CC .	
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	<u>819119</u>
	Signature of Amember or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00