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COVER LETTER

TO:	Registration Se Division of Cor			
CUBI		WARD INVESTMENTS LLC		
SOBI	JECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		NAYIBE M. LEON		
			Name of Person	
		STEP FORWARD INVES	TMENTS LLC	
Firm/Company				
		P.O. BOX 152461 CAPE 0	CORAL, FL 33915	
			Address	
			City/State and Zip Code	
		preguntearocio@gmail.com E-mail address: (to be used for future annual report notif	ication)
For fi	urther information c	oncerning this matter, please ca	all:	
NAY	TBE M LEON		239 878-8264 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
= \$2	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

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

\mathcal{N}	LA	
(Name of the Limited Liabi (A Florid	l <mark>lity Company as it now appears on our record</mark> da Limited Liability Company)	l <u>s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7: 4
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		三三三
(Mailing address MAY BE A POST OFFICE BOX)		5
		·
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	n c
	City	orida 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
AMBR	JORGE H. NARANJO ALVAREZ	P.O. BOX 152461 Cape Coral, Fl 3	Add
			Remove
			Change
			Add
			Remove
			☐ Change
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			☐ Change
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			□ Remove
			□ Change

	TITLE AMBR
	JORGE H. NARANJO ALVAREZ
	P.O. BOX 152461
	CAPE CORAL, FL 33915
	TITLE AMBR
	NAYIBE M. LEON RODRIGUEZ
	P.O. BOX 152461
	CAPE CORAL, FL 33915
	CAPE CORAL, FL 33915
	Lo
an e ote	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier see 90th day after the record is filed.
ite	d O4 4 2017 Nanibe Feon D Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00