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O SIMMONS APR 1 4 2017

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:) \$ 5 Lovestor Name of Limit	S. L/C. ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	David	Name of Person	
		Firm/Company	
	1230	SE 17th St.	
	Ocal	City/State and Zip Code	
		P123(Dhotmall. Com o be used for future annual report notifi	
For further information con	ncerning this matter, please ca		
David Aram Name of	160-Palene 16	at (<u>786</u>) <u>385 - 0</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	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

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

D&E INVERSION	s Uc.	
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>しけつののつん865</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE		he abbreviation "L.L.C."
Trincipal vijice address (1991 BD / 1911 RDE 1710 DRE		A
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		:
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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>	Name	Address	Type of Action
Pres.	Esther Arango-Polencia.	12365E17"SI, Deale, Fl 34471	🗹 Add
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). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: Out 123 1017 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord 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 _	2017. Collians following Signature of Libertier or authorized representative of a member
	Esther Arango-Palancia Typed or printed name of signee

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Filing Fee: \$25.00