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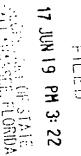
(Requestor's Name)
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S. WARREN 'JUN 2 0 2017

COVER LETTER

TO:	Registration Sec Division of Corp							
SUBJEC		TY INVESTMENTS LLC						
SOBJEX	<u> </u>	Name of Lim	ited Liability Company					
The encl	tosed Articles of a	Amendment and fee(s) are sub	mitted for filing.					
Please re	eturn all correspoi	ndence concerning this matter	to the following:					
		PRITI PATEL						
			Name of Person					
		SOFTBOOKS INC						
			Firm/Company					
		5373 N NOBH HILL RD	5373 N NOBH HILL RD					
			Address					
		SUNRISE, FL 33351						
			City/State and Zip Code					
		patel.priti88@gmail.com						
		E-mail address: (to be used for future annual report notif	ication)				
For furth	her information co	oncerning this matter, please ca	all:					
PRITH	PATEL		954 874-6230 at ()					
	Name of	Person	at () Area Code Daytime	Telephone Number				
Enclosed	d is a check for th	e 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

any as it now appears on our recor Liability Company)	<u>ds.</u>)		
were filed on 04/10/2017	and assigned		
pility company here:			
ility Company," the designation "LL	C" or the abbreviation "L.L.C."		
PMB 220			
3545-1 ST. JOHNS BLUFF RD SO			
JACKSONVILLE, FL 32224			
PMB 220			
3545-1 ST. JOHNS BLUFF RD SO			
JACKSONVILLE, FL 32224			
office address on our record	ls, enter the name of the		
Entur Morido stront orlibe	<u>-</u>		
	lo rida Zip Code		
	PMB 220 3545-1 ST. JOHNS BLUFF F JACKSONVILLE, FL 32224 PMB 220 3545-1 ST. JOHNS BLUFF F JACKSONVILLE, FL 32224 Office address on our recorde: Enter Florida street address		

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 Address Type of Action Name Title □ Add ☐ Remove _□ Change □ Add ☐ Remove __ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove _ Change _□ Add ☐ Remove _□ Change PM 22 Change Change

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		06/15/2017				
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iment's effective date on th	e Department of S	State's records.				
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Page 3 of 3

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