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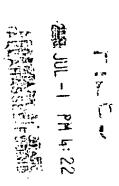
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COVER LETTER

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TO: Registration St Division of Cor			32 y	
GROUPIN SUBJECT:	VEST LLC		3	
SUBJECT:	Name of Lir	mited Liability Company	_	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filling		2
Please return all correspo	indence concerning this matter	to the following:		
	SEVERINE GIANESE-PIT	TMAN ESO		
	GIANESE-PITTMAN, P.A.	Name of Person		
	100 N. BISCAYNE BLVD	Firm Company SUITE 3070		
	MIAMI, FL 33132	Address		
	SGIANESE@SGPITTMAN	City/State and Zip Code COM	****	
	E-mail address: (to be used for future annual report notif	ication)	
For further information co	oncerning this matter, please co	n N		
SEVERINE GIANESE-		305 722-5986		
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	e following amount.			
■ \$25.00 Filling 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 l'aliabassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Cucle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GROUPINVEST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on _)4/13/2017	and assigned	
Florida document number L17000083360				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company l	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC	" or the abbreviation "L.L. (""	
Enter new principal offices address, if applicable:		_ · · 		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				_
(Mailing uddress MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of	ffice address o	n our records	enter the name of the	e now
registered agent and/or the new registered office address here	<u>e</u> ;		the the Halle of the	. 11011
Name of New Registered Agent:	-			
New Registered Office Address			<u> </u>	
	Enter Fle	orda sveri addirsi	1	
		Flo	orida	_
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code	

Thereby 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. Thereby 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> Jean LaChance	Address 990 Biscayne Blvd office 701	Type of Action
MGR		Miami, FL 33132	🖥 Add
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			Change
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Filing Fee: \$25.00