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SECRETARY OF STATE TALLAHASSEE. FLORIDA

## **COVER LETTER**

O: Registration Section Division of Corpora			<b>~</b>
Lada Investme	nts, LLC		
ÜBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
,	larys Altuve		
_		Name of Person	
L	ada Investments, LLC		
		Firm/Company	
7	'999 SW 58 Street		
		Address	
	Mami, Florida 33143		
   do	cinorys@gmail.com	City/State and Zip Code	
_	i	to be used for future annual report noti	fication)
or further information conce	 raing this matter, please ca 	all:	
l Norys Altuve		305 244-2479 at (	
Name of Pers	ón	Area Code Daytim	e Telephone Number
Enclosed is a check for the fol	lowing 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)
Registration	Corporations 27	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

l	Lada investments	S, LLC			
	(2)	Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)		
ĺ	1	(A Florida Limited	Liability Company)		
	[		04/26/2017		
ľł	e Articles of Organization for	r this Limited Liability Company	y were filed on	and assigned	
Ļ	prida document number L170	00093073			
	Jilda document number	<del></del> •			
  - -	 pis amendment is submitted to	amend the following:			
Ì		different the following.			
	If amending name, enter th	he new name of the limited lial	hility company here:		
		ne zew manie or the marted has	oner, company nere.		
Π	e new name must be distinguishable	e and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbrev	iation "L.L.C."	
			7999 SW 58 Street, Miami, FL 33143		
E	nter new principal offices ad	dress, if applicable:	7999 344 36 Street, Miami, FL 33143		
P	Principal office address MUST	T BE A STREET ADDRESS)		퓮	ŽΫ́
Ť	THE DATE OF THE BOOK OF THE OFFI	DE TIGINGET TID STEEDS		18 14 14 14 18	A A
1				——────────────────	<u> </u>
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L) I	nter new mailing address, if	applicable:			ASSEE, I
Ź	<u> 1 ailing address MAY BE A P</u>	OST OFFICE BOX)			<u>-</u>
Ī	ì			c.A	FLORIDA
۱					╼
l	1				· <b>~</b> -
₿.			office address on our records, enter the	name of the	new
Ė	<u>gistered agent and/or the[ne</u>	w registered office address her	<u>re</u> :		
l					
l	Name of Nam Basista	red Agent: Tapanes Law	/, P.A.		
l	Name of New Register	red Agent:	·	_	_
l	New Registered Office	990 Biscayne	Boulevard, Suite O-903		
ı	New Registered Office	- Address.	Enter Florida street address		
l	}				
!		Miami	, Florida <sup>33132</sup>		
ı			City 2	Lip Code	
	ew Registered Agent's Signatu	re if changing Registered Agent	•		
Γ		re, if changing Registered Agent			
1	hereby accept the appointme	ent as registered agent and ag	- ree to act in this capacity. I further agree i		
       	hereby accept the appointme ovisions of all statutes relat	ent as registered agent and agi	- ree to act in this capacity. I further agree i 2 performance of my duties, and I am fami	liar with and	
       	hereby accept the appointme ovisions of all statutes relat	ent as registered agent and agi	- ree to act in this capacity. I further agree i	liar with and	
7	hereby accept the appointme covisions of all statutes relat scept the obligations of my p	ent as registered agent and agi ive to the proper and complete position as registered agent as	- ree to act in this capacity. I further agree i 2 performance of my duties, and I am fami	liar with and iis document	
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f amendin	g Authorized Person(s) authoriz	ed to manage, <u>enter the title, name, and add</u>	Iress of each person being added
MGR = M	. [		
   <u>   </u> 	<u>Name</u>	Address	Type of Action
AMBR	Liannette Altuve	7999 SW 58 Street	Add
		Miami, FL 33143	Remove
			Change
MBR	Norys Altuve	7999 SW 58 Street	■ Add
		Miami, FL 33143	Remove
			□ Change
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. If am	ending any other	Information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E Cfood	tivo dato ifathan	than the date of filing: (optional)	
(If an ef	Tective date is listed, th	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020	
		in this block does not meet the applicable statutory filing requirements, this date will not be listed a on the Department of State's records.	is the
		delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	of:
The	e 90th day after	the record is filed.	
	<b>20</b>	9.0	
Dated	march	2018	
		Signature of a member or authorized representative of a member	
		Lane Altine	
	!	Vorys Altuve Typed or printed name of signee	
		Page 3 of 3	
		1 466 2 01 2	

Filing Fee: \$25.00