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COVER LETTER

Div	ision of Corp	orations				
SUBJECT:		IA INVESTMENTS GROUP	, LLC.			
CAROLOTT		Name of Lim	ited Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		HERODE FELIX				
			Name of Person			
		EPHPHATHA INVESTM	ENTS GROUP, LLC.			
			Firm/Company			
1289 NW 122 ST						
			Address			
		NORTH MI	AMI, FL., 33167			
		City/State and Zip Code				
		FELIXLOUANGE@GMAIL.COM				
		E-mail address: (to be used for future annual report notif	ication)		
For further in	nformation co	ncerning this matter, please ca	all:			
HERODE	FELIX		at () 317-1078 Area Code Daytime			
	Name of	Person	Area Code Daytime	: Telephone Number		
Enclosed is a	check for the	e following amount:				
□ \$25.00 F	iling 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:

TO:

Registration Section

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

EPHPHATHA INVESTMENTS GROUP,		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 04/28/2017	and assigned
Florida document number L17000094838		
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 "Li	mited Liability Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		FILED RELEASEER
Principal office address MUST BE A STREET ADD	RESS)	M N Kigg
		LOR:
Enter new mailing address, if applicable:		DATE O
Mailing address MAY BE A POST OFFICE BOX)		
Training data control bearing of the bond		
B. If amending the registered agent and/or regi	istered office address on our records,	enter the name of the r
registered agent and/or the new registered office ad-		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Flori	đa
	City .	ua 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
MGR	MICHEL ALFRED		
		1289 NW 122 ST, Nth MIAMI, FL	■ Remove
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ective date, if other than the effective date is listed, the date in this term. If the date inserted in this cument's effective date on the	nust be specific and cannot be block does not meet the a	e prior to date of filing applicable statutory	or more than 90 days aft		
record specifies a delay The 90th day after the re		ut not an effecti	ve time, at 12:01	a.m. on the ea	rlier
ted	2017				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00