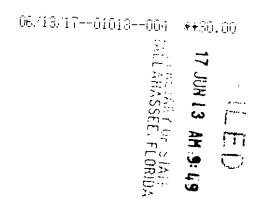
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COVER LETTER

Divi	ision of Corp	orations				
SUBJECT:		INVESTMENT LLC				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company			
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	dence concerning this matter	to the following:			
		EMIR TABRAUE NUNEZ	2			
			Name of Person			
Firm-Company						
6947 LACY DR						
Address						
	LAKELAND FL 33813					
	City/State and Zip Code					
	ACOSTAESTEVEZACCT@GMAIL.COM					
		E-mail address: (t	o be used for future annual report i	netification)		
For further in	formation co	ncerning this matter, please ca	ill:			
EMIR TABRAUE NUNEZ			305 316 0192			
Name of Person		Person	at () Area Code Day	time Telephone Number		
Enclosed is a	check for the	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

TABRAYE INVESTMENT LLC			
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited I		05/2017	_ and assigned
Florida document number 1.17000122970	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liability company he	re:	
TABRAUE INVESTMENT LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREA	ET ADDRESS)		
		ALLA	17 J
Enter new mailing address, if applicable:		<u>ज</u> ित्र क्रिक्ट	- \[\]
Mailing address MAY BE A POST OFFICE	<u></u>	<u></u>	− ₩
		F 0:	5 0
B. If amending the registered agent and		our records, ente₽65	<u>e name of the ne</u>
registered agent and/or the new registered o	<u>lfice address here</u> :		9
Name of New Registered Agent:	EMIR TABRA <u>U</u> E NUNEZ		
New Registered Office Address:			
negative strice . Iddiese.	Enter Flor	ida street uddress	
		, Florida	
	City	, 1 10/110/4	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
MGR	EMIR TABRAUE NUNEZ		
			Remove
			□ Change
MGR	EMIR TABRAYE NUNEZ		
			■ Remove
			Change
			□ Add
			☐ Remove
			Change
			Remove
			SEC. FLORIU
			Change
			□ Add
			☐ Remove
			□ Change

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Page 3 of 3

Filing Fee: \$25.00