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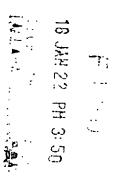


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SUBJE	ССТ:			.C					
			Name of Limited Flability Company and feets) are submitted for filling. ANGELA MACK Name of Person CACCOUNTING & FINANCIAL SPECIALISTS LLC Firm Company 2295 S HIAWASSEE RD SUITE 407F Address ORLANDO-FLORIDA 32835 City State and Zip Code CREATRIX@CFL.RR.COM E-mail address: (to be used for future annual report notification) matter, please call: at (407 710-0808 Area Code Daytine Telephone Number mount: filling Fee & S55.00 Filling Fee & Certified Copy Facial annual copy is enclosed? STREET/COURIER ADDRESS: Registration Section						
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S \$2.	5.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certified Copy					
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Registration Section	on rations enter Circle						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F2R INVESTMENT CAPITAL, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 06/12/2017 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L17000128584 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "I imited I iability Company." the designation "LLC" or the abbreciation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Emer I forada street address . Florida

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
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