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COVER LETTER

TO: Registration Se Division of Cor			
subject:153	3 investment Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Jhonathan 153 inve	Hemenclez.	
		Name of Person	
	153 inve		
		Firm/Company	
	6365 SW	8 st apt 9	μ1-
		Address	
	Miami A	, 33144.	
	Miami Al Jhoto41@g	City/State and Zip Code Mal - COVM -	
	E-mail address: (1	o be used for future annual report notif	cation)
For further information c	oncerning this matter, please ca	ill:	
Thonathan	Hernanclez	at (786) 508	8578.
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following 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)

MAILING ADDRESS:

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

153 invest	-men-	11c.			
		ny as it now appears on our re Liability Company)	cords.)		
The Articles of Organization for this Limited L. Florida document number <u>L.17000133</u>	iability Company			and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of the viving the new name must be distinguishable and contain the viving the new name must be distinguishable and contain the viving the new name of the new name of the viving the new name of the new name of the viving the new name of the viving the new name of the new name of	ranclez 1	10	"LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applie	cable:	201 monor	neut r	d apt =	<u>+4</u> .
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		401 monum Jacksonville			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	_		ords, <u>enter</u> 1	t <u>he name of th</u>	e new
New Registered Office Address:	401 mon	omented ap	74	jacksonn	Te f(
	Jacksonv	enter Florida street a	Florida	32275 .	
New Registered Agent's Signature, if changing					
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as region filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as pregistered office schange.	performance of my dutie provided for in Chapter 6	s, and I am fa 605, F.S. Or, in that the lim	imiliar Ai th and if this de amenities de amenities de amenities de la	A GRETARY OF STAIL
				,	2.m

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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 **Type of Action** <u>Address</u> **Title** <u>Name</u> _□ Add _□ Change _□ Remove □ Change _□ Add ☐ Remove _□ Change □ Add _□ Remove _ Change _D Add

□ Remove

_□ Change

er than the date of the date must be specied in this block does ate on the Departmen	f filing: ific and cannot be s not meet the a	e prior to date of fil applicable statuto	ing or more than 90 ory filing requirem	(optional) days after filing.) I	Pursuant to 60.
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		_			

Page 3 of 3

Filing Fee: \$25.00