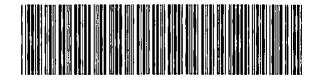
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## **COVER LETTER**

MCA INVESTMENT ADVISORS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Pablo Goyenechea Name of Person Govenechea Professional Services LLC Firm/Company 806 Lakeview Circle Address Royal Palm Beach, Florida 33411 City/State and Zip Code pgoyenechea@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Pablo Goyenechea Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

MCA INVESTMENT ADVISORS	S LLC				
(Name of the Limi	ited Liability Company as it n (A Florida Limited Liability C	iow appears on our rec Jompany)	cords.)	**************************************	
The Articles of Organization for this Limited I	Liability Company were fil	led on 06/21/2017		and assigned	
Florida document number L17000134842	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability cor	mpany here:			
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "	LLC" or the abbrev	riation "L.L.C."	
Enter new principal offices address. if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			TALLAHASS		
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office ad office address here:	ldress on our reco	ords, <u>enterithe</u> آ	name of the	
Name of New Registered Agent:	Goyenechea Professional Services LLC				
New Registered Office Address:	806 Lakeview Circle				
	Enter Florida street address				
	Royal Palm Beach		, Florida <u><sup>33411</sup></u>		
	City	<b>,</b> -		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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Olivera Fox Jorge Hector	1001 BRICKELL BAY DR, STE 2700, MIAMI, FL 33131	
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			Change

). If amending any of	ther information, enter change(s) here: (Attac	en daditional sneets, ly necessary.)
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	08/28/2019	
Note: If the date inse	ther than the date of filing:ted, the date must be specific and cannot be prior to date of	(optional) Tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)( utory filing requirements, this date will not be listed as the
the record specific b) The 90th day a	es a delayed effective date, but not an ef ofter the record is filed.	fective time, at 12:01 a.m. on the earlier of:
Dated August 28	2019	
	Signature of a member or authorized rep	presentative of a member
Pablo Go		
<del></del>	Typed or printed name of	of signee

Page 3 of 3

Filing Fee: \$25.00