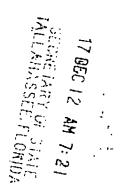
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COVER LETTER

l'O: Registration Section Division of Corporation		1			
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	<u></u>		Name of Li	imited Liability Company	· · · · · · · · · · · · · · · · · · ·
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i ne enc	iosea Articie	es of Amename	nt and fee(s) are st	ibmitted for filing.	
Please r	eturn all corr	respondence co	ncerning this matte	er to the following:	
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			OTIMA	Bloomer Ecces	
SUBJECT: Bloemer Essee Invistment LLC 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: ANTA Bloemer Essee Name of Person Bloemer Essee Trivestment UC Firm/Company 301 NV 33tb street Address Address Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee B30.00 Filing Fee & Certificat of Status MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations	.				
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Division of Corporations SUBJECT: Boener The enclosed Articles of Amendme Please return all correspondence co Corporations Subject: Corporations Corpo	20maan	Beach A 23004			
			1 1 1	City/State and Zip Code	
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			E-mail address	to be used for future annual report noti	fication)
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For further			F)		
				Clifton Building	
	Ta	llahassee, FL 3	2314	2661 Executive Ce Tallahassee, FL 32	
			1	rananassee, f.L. 32	201

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Z)</u>	ame of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)					
	l	vere filed on	and assigned				
Florida document number	· 						
This amendment is submitted to	amend the following:						
A. If amending name, enter th	 e new name of the limited liabil	ity company here:					
	,						
The new name must be distinguishable	and contain the words "Limited Liabilit	y Company," the designation "LLC" or the a	abbreviation "L.L.C."				
Enter new principal offices add	ress, if applicable:						
(Principal office address MUST	BE A STREET ADDRESS)						
Enter new mailing address, if a	pplicable:		<u>-</u>				
(Mailing address MAY BE A PC	<u>OST OFFICE BOX)</u>						
	d agent and/or registered offi registered office address here:	ice address on our records, <u>enter</u>	the name of the new				
Name of New Registers	d Agent: D\OSO	Esser	17 B				
New Registered Office	Address: 201NW	4375 Shack Enter Florida street address	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2				
	Pompo	no Beach. Florida	330 0 4				
New Registered Agent's Signatur	olif shansing Desistand Asset	City	Sip Code				
New Registered Agent's Signatur	eon changing Registered Agent:		5				

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 = N $AMBR = A$	lanager Authorized Membe	er er		
<u>Title</u>	<u>Name</u>		Address	Type of Action
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Effect	ive date, if other than	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	. ሐቤ ፋ በንበታ ኒፕነ
Note:	If the date inserted in thi	s block does not meet the applicable statutory filing requirements, this date will not be	listed as the
docun	ient's effective date on th	Department of State's records.	
	cord specifies a dela 90th day after the i	yed effective date, but not an effective time, at 12:01 a.m. on the ea ecord is filed.	arlier of:
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Dated	11/10/17		
		AN HABOCTIER Signature of a member or authorized representative of a member	_
		Signature of a member or authorized representative of a member	
		anita Bloemer	
		Typed or printed name of signee	-
		Page 3 of 3	

Filing Fee: \$25.00