117000148585

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entry Harrie)				
(Document Number)				
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S. WARREN AUG 0 9 2017

COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	KTT INVE	STMENTS LLC				
		Name of Lim	ited Liability Company			
The enclosed	l Anicles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		GUSTAVO PATINO LUC	ю			
			Name of Person	 		
		KTT INVESTMENTS LL	С			
Firm/Company						
	185 SE 14TH TERRACE, APTO 2511					
			Address			
		MIAMI, FLORIDA - 3313	ł			
		gustavoepatino@gmail.com	City/State and Zip Code			
			to be used for future annual report notif	fication)		
For further in	nformation c	oncerning this matter, please ca	all:			
GUSTAVO PATINO LUGO			305 783-7097 at ()			
	Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$25. 0 0 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:

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

KTT INVESTMENTS LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L17000148585		and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit		
The new name must be distinguishable and contain the words "Limit		abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		5 7 7
B. If amending the registered agent and/or registored agent and/or the new registered office addr		er the name of the
egistered agent and of the new registered office addr	cas nere.	3-8
Name of New Registered Agent:		775 20 1
New Registered Office Address:		<u></u>
	Enter Florida street address	-
	, Florida	
	City	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

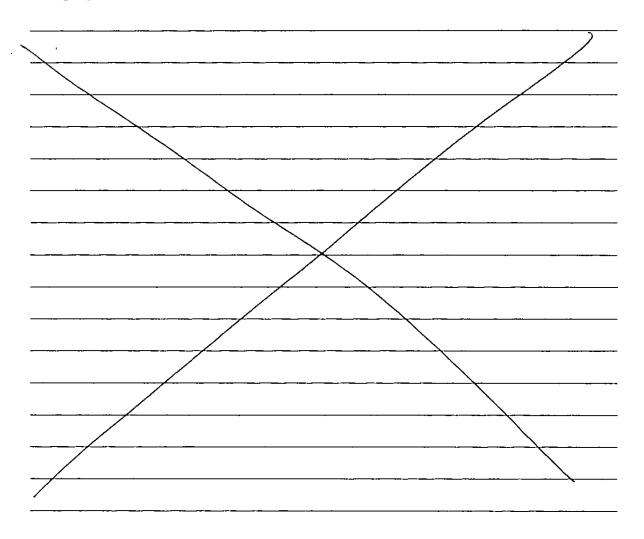
Nf amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Innovaciones Logisticas 2.0 C.A.	Av Abraham Lincoln Torre Lincolr	O Add
		P6 OFC C, Sabana Grande	≅ Remove
		Caracas 1051 VE	Change
			☐ Remove
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		·····	
			Remove
			□ Change
			□ Add
			[] Remove
			Change
			₩ Add
ı			© Remove
			7: Change
			□ Remove
			Change



Do If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)



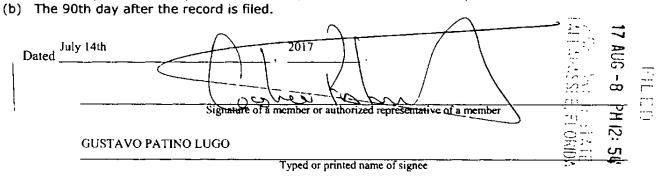
E. Effective date, if other than the date of filing:

[July 14th 2017 (optional)]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:



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Filing Fee: \$25.00