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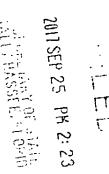
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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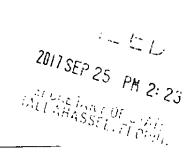
COVER LETTER

	Registration Sec Division of Corp					
C110 1124		ESTMENTS LLC				
SUBJEC	·I:	Name of Limit	ted Liability Company			
The encl	losed Articles of a	Amendment and fee(s) are subr	nitted for filing.			
Please re	nim all correspoi	ndence concerning this matter t	to the following:			
		Keiny Gudino				
			Name of Person			
		601 N Investments				
			Firm/Company	_		
		18201 Collins Ave unit #16	09			
			Address			
		Sunny Isles Beach, FL 331	60			
		City/State and Zip Code keiny@dasilvahospitality.com				
		E-mail address: (to be used for future annual report notification)				
For furt	her information c	oncerning this matter, please co	ali:			
Keiny C	Gudino		718 9714404			
	Name o	f Person	at ()Daytime	Telephone Number		
Enclose	ed 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 Tallahnssee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



601 N INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

for this Limited Liability Company were filed on July 31, 2017

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number 1.17000162637		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	dity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
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 o	ffice address on our records,	enter the name of the ne
registered agent and/or the new registered office address her	<u>e</u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street uddress	
	tinier r (ortaa sireel uaarris	
		rida Zip Code
	City	sup Crae

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>	Name	Address	Type of Action
MGR	AURA LINDORF	N. MIDNI BOCK FL 33179	
			L Kemove
			Change
MGR	LINDORFAURA		_
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			Change
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			Change P 2: 23
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Note: If	e date, if other than the date of filing:	.0207 (3)(b) ed as the
the reco } The 9	rd specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlied that day after the record is filed.	er of:
Dated	9, 194 11. 2017	
	Signifiure of a member or authorized representative of a member	
	MARCO RETRICCA	

Page 3 of 3

Filing Fee: \$25.00