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S. PRATHER

COVER LETTER

TO: Registration Section **Division of Corporations**

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·	NVESTME	NTS LLC		
		Name of Lim	ited Liability Company	
he enclosed Article	es of Amer	dment and fee(s) are sub-	mitted for filing.	
lease return all cor	responden	e concerning this matter	to the following:	
	K	LEBER VEGA		
	_	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Y	G INVESTMENTS LLC		
	-		Firm/Company	
	8	931 W 35 AVE		
	†	·	Address	
		HALEAH, FLORIDA 330)18	
	Ţ	VEGAR@GMAIL.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
for further informat	tion concer	ning this matter, please ca	all:	
KLEBER VEGA			305 721-9696 at ()	
N	ame of Pers	on	Area Code Daytii	ne Telephone Number
Enclosed is a check	for the following	lowing amount:		
■ \$25.00 Filing F	ee 🗓	\$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)
,	TAIL ING	ADDRESS:	STREET/COLE	HER ADDRESS:
R	egistration	Section	Registration Sect	ion
D P	ivision of 0 .O. Box 6 3	Corporations 27	Division of Corp Clifton Building	orations
	allahassee,		2661 Executive C Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	Or	78
VG INVESTMENTS LLC		
(Name of the Limited	Liability Company as it now appears on our records.)	
. (A	Florida Limited Liability Company)	2
The Articles of Organization for this Limited Liab	oility Company were filed on 8/28/2017	and assigned
Florida document number L17000183382		ئن ئن
		5 0
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applican	ole:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
	registered office address on our records, en	iter the name of the n
registered agent and/or the new registered offic	re address nere:	
N CN D		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	Zip Code
	City	z.p Code
New Registered Agent's Signature, if changing Re	gistered Agent:	
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I furthe and complete performance of my duties, and I ered agent as provided for in Chapter 605, F.S. gistered office address, I hereby confirm that th iange.	am familiar with and Or, if this document is
1		
	If Changing Registered Agent, Signature of Ne	w 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 Title Name Address Type of Action VICTOR COLMENAREZ 8800 NW 36TH ST APT 4631 MGR **■** Add DORAL, FL. 33178 □ Remove Filing cancelled due to returned check □ Add _□ Remove ☐ Change □ Add _□ Remove _ 🗆 Add _□ Remove __ Change _□ Add ☐ Remove ☐ Change □ Add _□ Remove _____ Change

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effective date is listed, the d te: If the date inserted in	an the date of filing: late must be specific and cannot be prior to date of filing or more than 90 da this block does not meet the applicable statutory filing requirement the Department of State's records.			
record specifies a de he 90th day after th	elayed effective date, but not an effective time, at 12 ne record is filed.	2:01 a.m. on	the earlie	er o
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	Signature of a member or authorized representative of a member		JUL 2	i .
ed	*		27	į .
KLEBER VEGA	*		JUL 27 PH 5: 46	

Filing Fee: \$25.00