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COVER LETTER

TO: Registration Se Division of Cor			
CHESS PL SUBJECT:	AYER INVESTMENTS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANDRES ABADI		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	CHESS PLAYER LLC		
		Firm Company	
	19262 NE 6 AVE		
		Address	
	MIAMI FL 33179		
	ABADIANDRES@GMAIL	City/State and Zip CodeCOM	
	**	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
ANDRES ABADI		786 2464416	
Name o	rt Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 office address on our records, enter the name of registered agent and/or the new registered office address here:	ied
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registered agent and/or the new registered office address here:	the ne
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Name of New Registered Agent: \[\sqrt{III} \]	
New Registered Office Address:	
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

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANDRES ABADI	19262 NE 6 AVE MIAMI FL 3317	■ Add
			Remove
			☐ Change
			
			□ Remove
			Change
			Remove
			Change
			D Add
			□ Remove
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on effective date is listed, the date mu ote: If the date inserted in this b ocument's effective date on the E	st be specific and c lock does not me	annot be prior to et the applicab	date of filing or i	nore than 90 days after	filing.) Pursuant to 605.0
e record specifies a delaye The 90th day after the rec	d effective da ord is filed.	te, but not	an effective	time, at 12:01 a	a.m. on the earlier
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Filing Fee: \$25.00