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O HAIS THE

EMPORIO INVESTMENTS GROUP LLC

320 S. FLAMINGO ROAD, 163, PEMBROKE PINES, FL 33027

MANGER: GUSTAVO G. OTERO

PHONE: (954) 309-4253



COVER LETTER

то:	Registration Sec Division of Corp					
SUBJE	ЕСТ:					
		Name of Lim	ited Liability Company			
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
		GUSTANO	OTERO			
			Name of Person			
		EMPORIO IN	VESTHENH GROUP	ilc		
			Firm/Company			
		320 S. FLAT	11N60 ROAD # 16.	3		
			Address			
		PENBROKE F	City/State and Zip Code Of Granos Cory		-· 53	
		6045206)	City/State and Zip Code		30.5	contract of
		E-mail address: (to be used for future annual report notifi	cation)	独	GXF2
For fur	ther information co	oncerning this matter, please c	all:			
6	USTAVO O	TERO	at (<u>957)</u> 309 - 4 Area Code Daytime	42 5 3	# 2: 2	ξ ·
	Name of	Person	Area Code Daytime	Telephone Number	2: 23	**
Enclos	ed is a check for the	e following amount:				
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

(Name of the Limited Liability Company as (A Florida Limited Liabil	OVP CLC		,
(Same of the Limited Liability Company as (A Florida Limited Liabil	ity Company)		
The Articles of Organization for this Limited Liability Company were	e filed on 10/12/2017	and assigr	ned
	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abl	breviation "L.L.C	
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	 _
(Principal office address MUST BE A STREET ADDRESS)			
		4	
	•		
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX)	-1		
	address on our records, enter	the name of	the ne
		AN AN	i
Name of New Registered Agent:		33.	
			
New Registered Office Address:	Enter Florida street address		- P
Florida document number	· 音音 N	عبير بب	
		Zip Code	
→	-		

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 <u>Address</u> Type of Action MEMBER ENZIQUE ANGEL PINION 1300 BIRON AN # 1 MADE MIAHI, BEACH FZ 33141 Remove ____ Change YENSER ENRIGUE AUGUSTO PINTOT 7300 BYRON AN # 1 BAdd MAMI BEACH, F 33141 DRemove _____ Change

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1 effective date is listed, the date must be specific and car te: If the date inserted in this block does not meet	mot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the applicable statutory filing requirements, this date will not be listed	20°
record specifies a delayed effective date he 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier	0
ed 01107/2019		
~ (////		
Junature In the	were a norized representative of a member	

Page 3 of 3

Filing Fee: \$25.00