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SECNLIANT OF STATE
JALLAHASSEE, FLORE

OCT 3 0 2018 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: IN	jestments CAF	> 1LC			
	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	_			
	Juan Co	Milo Varpas To	imay o		
	Investm	ents cao llc Firm/Company	<u> </u>	□ : : : : : : : : : : : : : : : : : : :	
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	Miam	i, FL 33150		22 P	FILED
	•	City/State and Zip Code 90 St@Mail.wm to be used for future annual report notif	ication)	PK 6: 33 DESTATE E, FLORIDA	
For further information ed	oncerning this matter, please c	all:			•
Juan Camil	O Varpas Tama	ry O at (786) 8652 Area Code Daytime	2187 Telephone Number		
Enclosed is a check for th	ne following amount:				
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
354111	INC ADDRESS.	etdept///Alibit	'D ABINDESS.		

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

Investments CAD		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	i <mark>pany as it now appears on our reco</mark> ed Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Comparellorida document number $\frac{\text{Li7000 212906}}{\text{Comparel}}$.	ny were filed on <u>10/13/1</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		F LED OCT 22 PN 6 STARY OF STATA AHASSEE, FLORE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New 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 eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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an effective of	late is listed, the date inserted in the	te must be sp	weific and	cannot be p	rior to date	of filing	or more that	ຫ 90 days aft	er filing.) I	Pursuant to ill not be	605.02 listed	207 as
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The 90th	day after the	record i	s filed.	•			•					
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