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S. WARREN DEC 0 5 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Overseas Investments group LLC
Name of Elimed Clabinty Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lem Fee Eng
/ Name of Person
Overseas Investments Group LLC
3841 Golden Feather Way
City/State and Zip Code Cash 2 Spent Cyahoo. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report positication)
For further information concerning this matter, please call:
Lem Fee Eng at (321) 945-4899 Name of Person Area Code Daytime Telephone Number
Alea Code Dayonic Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, \$\Bigcup \\$certificate of Status & \$\Bigcup \\$(additional copy is enclosed)\$\$ 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

The Articles of Organization for this Limited Liability Company were filed on betober 17, 2017 and assigned Florida document number L17000214514 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 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 man registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code City

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 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> Fitle</u>	Name	Address	Type of Action
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(If an ef Note:	option (option) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after for the date inserted in this block does not meet the applicable statutory filing requirements, this ment's effective date on the Department of State's records.	iling.) Pursuant to 605.0207 (
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.e. 90th day after the record is filed.	m. on the earlier of:	:
Dated	November 25th, 2017.	T DEC 17 DEC SLOKET TALL MID	,
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	Signature of a member or authorized representative of a member	TARY OF ASSE, F	
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	/ Typed or printed name of signee	- Şiri 18	