LITOCOMELIA

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer.

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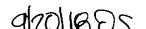


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DEPARTMENT OF STATE

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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	r: A & E Invistments of South Floridg Name of Limited Liability Company	
The encle	sed Articles of Amendment and fee(s) are submitted for filing.	
Please ret	irn all correspondence concerning this matter to the following:	resi ecci
	Adriano Swift Name of Person	95.11 (a)
	1440 Sw 30th 5T Firm/Company	, II: 35
	Fart Lauderdake, Fl 33315	<u>بي</u>
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For furthe	information concerning this matter, please call:	
	Adnavo Swift at (S6) 456 3525 Name of Person Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:	
	Filing Fee Solutional copy is enclosed) Signature Solution Filing Fee & Solution State Solution	tus &
	MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	tments o	f South &	Torrog US	<u></u>	
(Name of the Limited)	Florida Limited Lis	s as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liab	ility Company w	vere filed on11	13/17	and ass	igned
Florida document number <u>L17(000</u> 23,8)	<u>19</u> .				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	<u>ie limited liabil</u> i	ity company here:			
		·			
The new name must be distinguishable and contain the word	ls "Limited Liability	y Company," the design	nation "LLC" or the a	bbreviation "L.	L.C."
Enter new principal offices address, if applicable	le:		 -	. च्	
(Principal office address MUST BE A STREET)	ADDRESS)			<u>-</u>	• <u> </u>
					1
			-		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			لدا	
					
B. If amending the registered agent and/or	registered offi	ice address on ou	r records enter	the name	of the new
registered agent and/or the new registered offic			r records, <u>emer</u>	тис наше	or the new
	<u>~ 1.</u>	1 -			
Name of New Registered Agent:	Uali	Isq_			
New Registered Office Address:	1440	SW 30 H Enter Florida s	51 treet address		
	Fort Lande	conservation City	, Florida _	33315	
New Designated Assert's Construct of sharping December 1		City		Zip Code	

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

I hereby accept the appointment us 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 = A	authorized Member		
Title	<u>Name</u>	Address	Type of Action
			Change
			☐ Remove
			Change
			□ Remove
			PAdd 17
			<u>u.</u>
			Change
			☐ Remove
			☐ Change
			☐ Remove
			El China

f amending any other information, enter change(s) here: (Attach additional sheets, if necessor	ar y .y
	
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	<u>- [-]</u>
	<u> </u>
fective date, if other than the date of filing: 9/14/16/ (optional)	سا ت-
optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date occurrent's effective date on the Department of State's records. The 90th day after the record is filed.	;) Pursuant to 605,020 will not be listed a
The 90th day after the record is filed.	on the earlier o
ted	
Signature of a member or authorized representative of a member	 -

Page 3 of 3

Filing Fee: \$25.00