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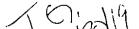
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SECRETARY OF STATE



COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor		•		
eun irz		Investments, LLC			
SUBJEC	21: <u> </u>	Name of Limi	ted Liability Company		
The and	and Ambalan ac	Amount and Cod(s) on such	wined for Clina		
		Amendment and fec(s) are sub- indence concerning this matter to	-		
		Jose J. Leonardo			
			Name of Person		
		Law Offices of Jose J. Leo	nardo, Esq.		DIE A
		500 S. Dixie Highway, Sui	Firm/Company te 204		APPROVE PILET 2019 #R 11
		Coral Gables, FL 33146	Address		PH 3: 12
		jose.leonardo@jleonardolaw	City/State and Zip Code		第二 20
For firmh	ar information a	E-mail address: (0 oncerning this matter, please ca	o be used for future annual report notific	cation)	
Jose Leo		oncerning this matter, please ca	305 275-9177		
	Name o	f Person	at ()	Telephone Number	_ _
Enclosed	l is a check for tl	ne following amount:			
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURIE Registration Section Division of Corpora		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited L Florida document number L17000233316	iability Company were filed o	n and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compa	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli (Principal office address MUST BE A STREA		PPROVE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		PH 3: 42
	/or registered office addres	ss on our records, enter the name of the new
Name of New Registered Agent:	Jose J. Leonardo, Esq.	
New Registered Office Address:	500 S. Dixie Highway, Suite	204 or Florida street address
	Coral Gables	Florida street address Florida 33146
	City	Zip Code

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

IGC Global Investments, LLC

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Althemar R. Iglesias Garcia	8350 NW 52nd Street, #208 Doral, FL 33166	_□ Add
			■ Remove
			☐ Change
AMBR	Liana R. Castro Arenas	\$350 NW 52nd Street, #208 Doral, FL 33166	
			■ Remove
	Vavti Clobal Investments LLC	8350 NW 52nd Street, #208	Change
MGR	Vexti Global Investments, LLC 8350 NW 52nd Street, #208 Doral, FL 33166		Change Change Change Remove Co
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Note: If th	date, if other than the redate is listed, the date mune date inserted in this bis effective date on the D	lock does not i	meet the applic	rable statutory f	or more than 90 days lling requirements	optional) satter filing.) Purs s, this date will	suant to 605.020 not be listed a	07 (3)(b) as the
	d specifies a delayed th day after the rec			ot an effectiv	e time, at 12:	01 a.m. on t	he earlier	of:
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00