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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FRAICH PROMIUM	INKESTMENT GROUPS LLC
Name of Limited I	iability Company /
The enclosed Articles of Amendment and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to th	e following:
FRANK CI	ovimi
	Name of Person
FRAich PREA	LIUM INVESTMENT GROUPS LLC
	Firm/Company
1348 BENEVA	VIENT STR
	Address
MAITLAND, FC	32751
ChuiriFe	V/State and Zip Code  Victory. (ON)
E-mail address: (to be	sed for future annual report notification)
For further information concerning this matter, please call:	
FRANKChuiMi	at (407) 383-8210
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee &  Certified Copy  (additional copy is enclosed)  \$60.00 Filing I  Certificate of  Certified Cop  (additional copy

STREET/COURIER ADDRESS:

MAILING ADDRESS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SECRETARY OF STATE
TALLAHASSEE, FLORD

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ 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 abbi 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 agre provisions of all statutes relative to the proper and complete performance of my duties, and I am faccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, i)

City

	authorized Person(s) authorized to man	nage, enter the title, name, and address of each
MGR = Man AMBR = Aut	nager horized Member	
<u>Title</u>	<u>Name</u>	Address
MGR	Chamberlin Tabeth	1348 BENEVALENT STR
		Address  1348 Benevalent StR  Maitland, FC 32751
MER	FRANK ChuiNi	1348 BENEVALENT STR MAITLAND, FL32751
		MAITLAND, FL32751
<del></del>		

D. If amending any other information, enter change	ge(s) here: (Attach additional sheets, if necessary.)
	SECRET
	N HASS
	1.2 AFE 2.3 AFE
	<del> </del>
E. Effective date, if other than the date of filing:	of the prior to date of filing or more than 90 days after filing.) Puthe applicable statutory filing requirements, this date will
If the record specifies a delayed effective date, (b) The 90th day after the record is filed.	, but not an effective time, at 12:01 a.m. on
Dated 2	018.
Signature of a memb	er of authorized representative of a member