117000255407

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
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TALLAHASSEE, FLORIDA

COVER LETTER

Division of C	Corporations		
INVEST	MENT CAPITAL FINANCIAL	LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	pondence concerning this matter	to the following:	
	CARLO ACHARDY		
		Name of Person	
		Firm/Company	
	230 S DIXIE HWY		
		Address	
	HOLLYWOOD, FLORID	DA 33020	
	NA AMBURA IZA ZIZANDA	City/State and Zip Code	
	MIAMIPUBLICACIONES E-mail address: ((to be used for future annual repo	ort notification)
For further informatio	concerning this matter, please c		
CARLO ACHARDY		786 381-2-	491
Nam	e of Person	Area Code I	Daytime Telephone Number
Enclosed is a check fo	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Divi P.O	ILING ADDRESS: istration Section ision of Corporations Box 6327	Registration Division of C Clifton Build	Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/14/2017 Florida document number L17000255407 This amendment is submitted to amend the following:	and assigned
Florida document number L17000255407	and assigned
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	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	TALLI 18
(Principal office address MUST BE A STREET ADDRESS)	FER ARE
	ASS ASS
	SEE.F
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	ORIDA
	
B. If amending the registered agent and/or registered office address on our records, entregistered agent and/or the new registered office address here:	er the name of the new
Name of New Registered Agent:	
New Registered Office Address:	<u> </u>
Enter Florida street address	
Florida	
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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

	g Authorized Person(s) authorized records:	orized to manage, <u>enter the title, name, an</u>	d address of each person being add
MGR = M AMBR = A	lanager Luthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
		<u> </u>	Add
			□ Remove
			□ Change
			
			□ Remove
			□ Change

ARTICI	E II: Other Provisions, if any:
INVEST	MENT AND LOAN OF MONEY, FUTURE TRADING, AND ANY LAWFUL BUSINESS.
	18
	FEB
	2
	PH 7
	3
	
n effective dat ote: If the da	e, if other than the date of filing: 02/21/2018
cument's eff	ective date on the Department of State's records.
record sp The 90th o	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of day after the record is filed.
FEBRU	JARY 21 2018
<u>. </u>	Signature of a member or authorized representative of a member
21.4	RLO ACHARDY - MGR Typed or printed name of signee

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Filing Fee: \$25.00