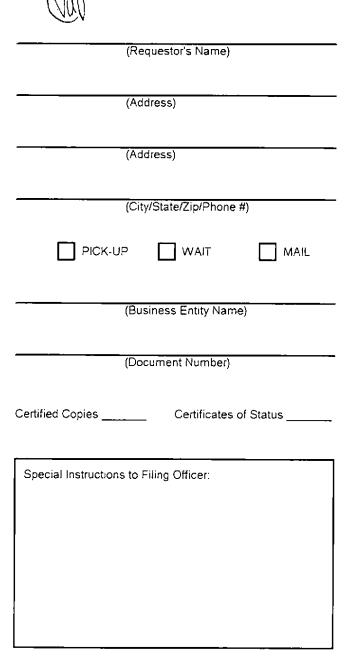
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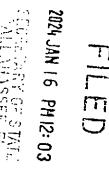


Office Use Only



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COVER LETTER

Division of Corpo	rations		
SUBJECT: Eate	1 Investor	cd Liability Company	
	Name of Links	ed blacking company	
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	[ENI]	Name of Person	
	Ect	TEN INVESTORS	s L.L.C.
		Firm/Company	
	22	20 Rutland St	t
		Address	
	OPA-LOCK	A FL 33054 City/State and Zip Code	
	- 1	City/State and Zip Code	
	E-mail address: (to	City/State and Zip Code Com be used for future annual report notifies	ation)
For further information con	cerning this matter, please cal	I	
TENIKO (Name of P	S. NEALY	at (786) 566-2 Area Code Daytime T	C126 Celephone Number
Enclosed is a check for the	-		
□ \$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)

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eaten Investors L. (Name of the Limited Liability Compa	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.780008093 .	were filed on $\frac{0.09 - 2018}{0.000}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Good Eaten Limited Widbility The new name must be distinguishable and contain the words "Limited Liability"	ity Company, 'the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2220 Rutland St DPA-LOCKA FL 33054
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	2220 Rutland Stage 7 OPA-USCKA FL.33054 2 7 address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 2220 7	Enter Florida street address

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>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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(If an eft Note:	(optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after the ed.
Dated	Signature of a member or authorized representative of a member