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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		OVER INVESTMENTS LLC		
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing	
			_	
Please return	all correspon	dence concerning this matter t	to the following:	
		BRIAN DEL FIERRO		
			Name of Person	
		BALWANT CHEEMA CP	Ά	
			Firm/Company	
		18628 SW 50TH CT		
			Address	
		MIRAMAR, FL 33029		
			City/State and Zip Code	
		BRIAN@BALCPA.COM		
		E-mail address: (t	o be used for future annual report no	otification)
For further in	formation co	ncerning this matter, please ca	ill:	
BRIAN DEL	. FIERRO		305 764-1073	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25. 0 0 F	iling 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)

MAILING ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUCKY CLOVER INVESTMENTS LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Companication for the Liability Companication of the Liability Compa	y were filed on January 9th, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility 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)		
		. <u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		er the name of the
Name of New Registered Agent:		
New Registered Office Address:		=
	Enter Florida street address	
	, Florida	
	City	Zip Code

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TIM SCHIARETTI	18628 SW 50TH CT	≅ Add
		MIRAMAR, FL 33029	Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
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			☐ Change

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	1. Fri 12: 113
	<u> </u>
	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to de e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.6 statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an he 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlie
FEBRUARY 27TH 2018	
120 a. S.	

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Filing Fee: \$25.00