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COVER LETTER

TO:	Registration S Division of Co					
CI:D1E		NVESTMENT GROUP LLC				
SUBJE	ul:	Name of Limited Liability Company				
		f Amendment and fee(s) are sub-				
		ALEJANDRO MOLIERI				
			Name of Person			
		MENDEZ MOLIERI & CO)			
Firm/Company						
		2600 S DOUGLAS RD, SI	UITE 501			
			Address			
		CORAL GABLES, FL 331	134			
		A VOLUEDIGA O CO CO	City/State and Zip Code			
		AMOLIERI@MMCO-CPA E-mail address; (1)	o be used for future annual report noti	fication)		
For furti	her information	concerning this matter, please ca	ali:			
ALEJA	NDRO MOLIE	ERI	305 742-2800			
	Name	of Person	at () Area Code Daytim	ne Telephone Number		
Enclose	d is a check for	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)		
	MAL	LING ADDRESS:	STREET/COURI	IER ADDRESS:		

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

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUEEN INVESTMENT GROUP LLC (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 JANUARY 09, 2018 and assigned Florida document number _L18000008471 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 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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 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>	<u>Address</u>	Type of Action
MGR	ALEJANDRO MOLIERI	2600 S DOUGLAS RD. STE 501	□ Add
		CORAL GABLES, FL 33134	■ Remove
			☐ Change
MGR	GENESIS GLOBAL INVESTMEN	2600 S DOUGLAS RD, STE 501	■ Add
		CORAL GABLES, FL 33134	□ Remove
			☐ Change
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Filing Fee: \$30.00