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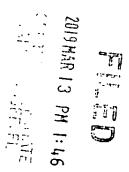
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R. WHITE

COVER LETTER

MENRO SUBJECT:	SE INVESTMENTS LLC		
30b3ECT	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ERIC RAPPAPORT		
		Name of Person	
		Firm/Company	
	1211 97TH STREET		
		Address	
	ezrapp@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
ERIC RAPPAPORT		917 690-0499 at ()	
Name	e of Person	Area Code Daytime	Telephone Number
Enclosed 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)

MAILING ADDRESS:

.

Registration Section
Division of Corporations

TO:

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 FILED

	MENROSE INVESTMENTS LLC	2019 HAR 13 PH 1:46
	ted Liability Company as it now appear (A Florida Limited Liability Company)	TALL MAULELINE
The Articles of Organization for this Limited I.	iability Company were filed on JA	NUARY 9, 2018 and assigned
Florida document number L18000008510	·	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on ffice address here:	our records, enter the name of the no
Name of New Registered Agent:	ERIC P. STEIN, ESQ.	
New Registered Office Address:	1820 NE 163 STREET, SUITE 10	00
-	Enter Flor	ida street address
	NORTH MIAMI BEACH	, Florida ³³¹⁵⁴
	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>	<u>Address</u>	Type of Action
AMBR	ERIC RAPPAPORT	1211 97th Street Bay Harbor Islands, FL 33154	
•			■ Remove
,			☐ Change
MBR	ESTHER MEDALIE	Harbor Islands, FL 33154	Add
•			■ Remove
			Change
MGR	ERIC RAPPAPORT	1211 97th Street Bay Harbor Islands, FL 33154	
			□ Remove
			Change
			D Add
			□ Remove
		-	Change
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recor The 90	Oth day after the record	ffective da		t an effecti 	ve time, at	:12:01 a.r	n. on the e	arlier of
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Page 3 of 3

Filing Fee: \$25.00