F18000010488

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COVER LETTER

TO:

Registration Section

Division of Corp	orations		
	DA INVESTMENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	HOSSEIN S MOKABBEI	RY	
	Name of Person		
SDB CANADA INVESTMENT LLC			
		Firm/Company	
•	3109 GRAND AVE 141		
-		Address	
	MIAMI FL 33133		
		City/State and Zip Code	
	sdbcanada@gmail.com		
	E-mail address: (to be used for future annual report notific	cation)
For further information cor	ncerning this matter, please c	all:	
HOSSEIN MOKABBERY 305 897-7865			
Name of I	Person	at () 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)
Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen Tallahassee. FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SDB CANADA INVESTMENT LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L18000010968	ompany were filed on $\frac{01/11/2018}{}$ and assigned $\underline{}$.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	<u> </u>
•	CO	#. H.
Enter new mailing address, if applicable:	28	LAHASSE
(Mailing address MAY BE A POST OFFICE BOX)	O M	ma
<u> </u>	7: 4	FLOR
	40	ᅙᆑ
B. If amending the registered agent and/or registered agent and/or the new registered office address	ered office address on our records, <u>enter the name of the ess here</u> :	e new
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
MGR	BRIAN DE LA CRUZ	7427 SW 152ND AVE #102	
		MIAMI FL 33193	
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			□ Remove
-			☐ Change
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			□ Change
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i an eik	ve date, if other than the date of filing: (optional) ctive 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 6	05.0207 (3)
<u>Note:</u> docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be l'ent's effective date on the Department of State's records.	sted as the
ne rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	lier of:
Dated	2/21 . 2018 .	
	Signature of a member or authorized representative of a member	
	Hosseins, Mokabbery Typed or printed name of signee	

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Filing Fee: \$25.00