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COVER LETTER

TO: Registration S Division of Co					
SUBJECT:		2Stmcn+ LLC ited Liability Company			
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	. / ///i	oerto Yrureta	7	• 1 0 1	
		Name of Person		- `	
		Firm/Company		٠, ٦	-
	85K	NW 108C+		Ç)	ני
		Address	:-	~.) · -	
		al FI 33178	5		
	alberto	City/State and Zip Code	m		
	E-mail address: (to be used for future annual report notif	ication)		
For further information of	concerning this matter, please c	all:			
	o Yrureta	a,3 6 5,726			
Name (of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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 Fe Certificate of S Certified Copy (additional copy is	Status &	
MAIL	JNG ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tellaharan Ft. 23214

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Broker Investin	nont uc	
(<u>Name of the Limited Liability Company</u> ; (A Florida Limited Liab	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>Liboooc 26000</u>	rere filed on <u>D1.29.2018</u> and assign	ied
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability (g Company," the designation "LLC" or the abbreviation "L.L.C	1
Enter new principal offices address, if applicable:	·	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
-		
	:) :,	2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<u>-</u>		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of	the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zin 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
MBR	El-Khatib, Yusef Mak	1 moud 4695 NW 97th Ct	Add
		Apt 32	p (Remove
		Doral, 7133178	Change
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Effective date, i	f other than the date	of filing	:	01.2		910	(option			
Note: If the date	s listed, the date must be sp inserted in this block d	oes not m	eet the ap	oplicable s						
document's effec	tive date on the Departi	nent of St	late's rec	ords.						
The 90th da	cifies a delayed effe y after the record i	s filed.			effective	time, at	12:01 a.	m. on th	ne earlie	er c
	v/mloov:	ind .	20	18						
Dated NO	KIIIVET Z	· ·		\Rightarrow						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00