L18000039868

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COVER LETTER

TO:	Registration Se Division of Cor		¥;•· \$		
eud it		VESTMENTS, LLC			
SUBJE		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Marcela Gil			
			Name of Person		
		Manuel Diner P.A.			
			Firm/Company		
		2800 Weston Road. Suite	204		
			Address		
		Weston, FL 33331			
		mdiner@dinerlaw.com	City/State and Zip Code		10 127 15
		E-mail address: (to be used for future annual report notifi	eation)	
For fur	ther information o	concerning this matter, please c	all:		
Marce	la Gil		305 825-8151		74
	Name c	of Person		Telephone Number	20
Enclos	ed is a check for t	he following amount:			
■ \$2.	5.00 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 \$1 Certified Copy (additional copy is	tatus &

MAILING ADDRESS:

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

HAPMINVESTMENTS, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L18000039868	pany were filed on 09/12/2018	and assigned
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 abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable:		6 00 50
B. If amending the registered agent and/or registere		enter the name of the ne
registered agent and/or the new registered office address	<u>here</u> :	(")
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la.
	City , FIOTIC	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

HHEM INIVECTMENTS 110

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	COLTRARO MAIELLO. HENRIQUE		—
			■ Remove
	COLTRADO MARTIA		☐ Change
MGR COLTRARO, M	COLTRARO, MARTHA		■ Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
			□ Change

			
			
			
			
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-	-		
E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	lock does not meet the applic	able statutory filing requireme	(optional) ays after filing.) Pursuant to 605.0207 (3)(0 nts, this date will not be listed as the
f the record specifies a delayed b) The 90th day after the rec	d effective date, but no ord is filed.	t an effective time, at 1	2:01 a.m. on the earlier of:
Dated April 11, 2019	2019		
-	m = 0	θ	
/	1 annel	orized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00