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COVER LETTER

	gistration Se vision of Cor		<i>t</i> ♥	
SUBJECT:	250 Collins	Investment LLC		
30 1), 1.01.		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
			Gonzalo Chueca	
			Name of Person	
		ī	Orago US Holdings LLC	
		•	Firm/Company	
	475 Brickell Avenue #514			
			Address	
			Miami, FL 33131	
		City/State and Zip Code		
			ca@ location3investments.com to be used for future annual report notif	icution)
For further i	nformation c	oncerning this matter, please ca		icultur,
	Gon	zalo Chueca	at (305)299 9633	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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 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

250 Collins Investme	ent L.f.C	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed o	on02/16/2018	and assigned
Florida document number L18000042711		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ny 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 ADDRESS)		SEC
		A AR
		r il. FARN ASS
Enter new mailing address, if applicable:	*****	
(Mailing address MAY BE A POST OFFICE BOX)		
		- 역 공참
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, <u>ent</u>	er the name of the no
Name of New Registered Agent:		
	•	
New Registered Office Address: Ente	er Florida street address	
	, Florida	
City		Zip Code

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Gonzalo Chueca	475 Brickell Ave #514	
		Miami, FL 33131	■ Remove
			Change
MGR	Drago US Holdings LLC	475 Brickell Ave #514	■ Add
		Miami, FL 33131	Remove
			Change
			
		<u> </u>	☐ Remove
			□ Add
			Remove
			Change
			□ Remove
		<u></u>	Change
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional she	ets, if necessary.)
	→ Þ«
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	OF TE
E. Effective date, if other than the date of filing: (It an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, a (b) The 90th day after the record is filed.	t 12:01 a.m. on the earlier of:
Dated March, 3rd 2018	
Signature of a member or authorized representative of a mem Gonzalo Chueca	nher

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00