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COVER LETTER

TO:

Registration Section Division of Corporations

23 C C 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NVESMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DANY ABRAHAM		
		Name of Person	
	KSDT & COMPANY		
		Firm/Company	
	1625 N COMMERCE PK	WY SUITE 315	
		Address	
	WESTON, FL 33326	Name of Limited Liability Company endment and fee(s) are submitted for filing. nee concerning this matter to the following: DANY ABRAHAM Name of Person KSDT & COMPANY Firm/Company 1625 N COMMERCE PKWY SUTTE 315 Address WESTON, FL 33326 City/State and Zip Code DABRAHAM & KSDT-CPA.COM E-mail address: (to be used for future annual report notification) erning this matter, please call: 305 670-3370 at (
		City/State and Zip Code	
	*		
	E-mail address: (to be used for future annual report not	itication)
For further information	concerning this matter, please c	all:	
DANY ABRAHAM			
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Regist Divisi P.O. F	JNG ADDRESS: ration Section on of Corporations Box 6327 hassee, FL 32314	Registration Section Division of Corpo Clifton Building	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAERLE INVESTMENTS LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	_)
The Articles of Organization for this Limited Liability C Florida document number <u>1.18000051165</u>	Tompany were filed on 02/26/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD)	RESS)	TILE D
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo City	orida

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	VERED KOREN	1625 N COMMERCE PKWY	_ □ Add
		SUITE 315	
		WESTON, FL 33326	□ Remove
MGR	MGR JONATHAN KUSHNER	1625 N COMMERCE PKWY	
		SUITE 315	5 0
		WESTON FL	≡ Remove
			Change
MGR	MGR BEN MATITYAHU	1625 N COMMERCE PKWY	
		SUTTE 315	■ Remove
		WESTON FL 33326	
			□ Change
			□ Remove
			☐ Change
			Add
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and can block does not meet	mot be prior to da t the applicable	te of filing or more statutory filing re	than 90 days after filir equirements, this day	ig.) Pursuant to 605.02	07 (3) as the
the record specifies a delayed. The 90th day after the re		e, but not ar	effective tim	e, at 12:01 a.m	on the earlier	of:
Dated NOV-27	·	2018				
	Signature of a mem	iber or authorized	representative of	a member		
AVRAHAM SHIMO:	N HIRSHNZON- M	igr				
		ped or printed na	me of Signer			

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Filing Fee: \$25.00