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(Requestor's Name)
(Address)
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(Document Number)
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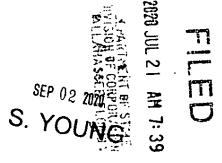
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COVER LETTER

TO: Registration Se Division of Cor				
770 Investo				
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Charles c bitton			
		Name of Person		
		Firm/Company		
	4700 sw 51 st suite 204			
		Address		
	Davie, Florida 33314			
	royshriki@hotmail.com	City/State and Zip Code		
For further information of	E-mail address: (concerning this matter, please c	(to be used for future annual report not all:	ification)	
roy shriki		954 6636844 at ()		
Name o	of Person		ne 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address: Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

770 investors lle			<u></u> :	2 E
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	<u> </u>
The Articles of Organization for this Limited L		were filed on 04/18/2	018 PT 200	ind assigned
Florida document number L18000098098			<u> </u>	至口
This amendment is submitted to amend the following	lowing:) 7: 39
A. If amending name, enter the new name of	of the limited liab	oility company here:	Ş* f	
NA				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the design	ation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if application	cable:	NA		
(Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable:		NA	and assigned The state of the new registered Is, enter the name of the new registered	
(Mailing address MAY BE A POST OFFICE	BOX)			.
B. If amending the registered agent and/or agent and/or the new registered office addre	*	address on our recor	ds, <u>enter the name of t</u>	he new registered
Name of New Registered Agent:	NA			
New Registered Office Address:	NA			
	 	Enter Florida s	treet address	
			Florida	
		City	Ziq	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>	Name	Address	Type of Action
MGR	charles c bitton	4700 sw 51 st #205 davie fl 33314	□Add
			□Remove
MGR	Chalom c Bitton	4700 sw 51 st #205 davie fl 33314	8 ∳ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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			□ Change

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	07/13/2020	
effective <u>e:</u> If th	late, if other than the date of filing:	
cord spe i filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	er the
ed	7/13/2020	
	But	
-	Signature of a member or authorized representative of a member	