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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	FREDA INV	VESTMENTS, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	n all correspor	ndence concerning this matter t	to the following:	
		ALEXANDER Y FOMICH	łEV	
			Name of Person	
		FREDA INVESTMENTS,	LLC	
			Firm/Company	
		530 PHILLIPS DRIVE		
			Address	<u> </u>
		BOCA RATON, FL 33432		
			City/State and Zip Code	
		FOMICHEV@LIVE.COM		
		F-mail address: (to	o be used for future annual report notin	fication)
For further i	nformation co	ncerning this matter, please ca	H:	
ROBIN L L	ISHEN		561 691-1100 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 F	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

FREDA INVESTMENTS, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 4/20/18	and assigned
Florida document number L18000100032		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18 TALL
Principal office address MUST BE A STREET ADDRESS)		APR
		ASS ASS
Enter new mailing address, if applicable:	530 Phillips Drive	PR S
Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, Fl 33432	: 36
		> ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Coae

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
AMBR	Venera R Mukhamedzyanova	530 Phillips Drive Boca Raton, FL 33432	
			□ Remove
			Change
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			□ Remove
			□ Change
			Remove
			Change
<u>.</u>			Add
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Typed or printed name of signee

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