## L18000101728

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(Business Entity Name)
(Document Number)
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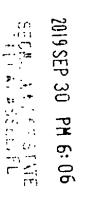




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Am

## **COVER LETTER**

TO:

Registration Section

Division of Corporations				
	R AGENT, LLC		•	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
·	JOHN CHIN			
	INVESTOR AGENT, LLC	Name of Person		
	6900 TAVISTOCK LAKE	Firm/Company ES BLVD, #400		
	ORLANDO, FL 32827	Address		
	info@investoragent.com	City/State and Zip Code		
For further information c	E-mail address: (concerning this matter, please co	to be used for future annual report noti aff:	itication)	
Name c	of Person	at () Area Code Daytim	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)	☐ \$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/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Co	on rations	

Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

INVESTOR AGENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on 04/23/2018 and assigne
Florida document number 1.18000101728	and assigne
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRE	ESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address agent and/or the new registered office address.  New Registered Office Address:	ered office address on our records, enter the mange of tess here:
rewreezistered Artico Pedaress.	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	!
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ago	nd agree to act in this capacity. I further agree to comply we mplete performance of my duties, and I am familiar with an ent as provided for in Chapter 605, F.S. Or, if this document office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
MGR	JOHN CHIN	6900 TAVISTOCK LAKES BLVD #400; ORLANDO, FL 32877	<b>=</b> Add
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			Change
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fecti	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
Çum	che's effective date on the Department of State's fecords.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	90th day after the record is filed.
	a lalia
ted	9/5/19
	Signature of a member of authorized representative of a member
	organistic transmission administration procentains of a member
	Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00