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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	TIBERI INV	ESTMENTS LL	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	τ to the following:	
	TIBER 1805 S MIAMI	TIBERI Name of Person ZI INVESTMENT Firm/Company Ans Souci blu Address 33181 City/State and Zip Code 101 Dhotmail.com	d. #532
	E-mail address:	(to be used for future annual report notif	ication)
For further information	concerning this matter, please of	call:	
JHGJHGJKHGKKK Name	MARCO TiSeri of Person	$ so = \frac{\text{Area Code}}{01139 / 3312}$	3991 Telephone Number 247 4026 (ITALY)
Enclosed is a check for	the 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

TIBER INVESTMENTS	LLC
(Name of the Limited Liability Company as it now appe	ears on our records.)
t A Florida Limited Liability Company	<u> </u>

Florida document number <u>L 18000 110 973</u> .	were med on	02 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Ø		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
		हिं है ग
Enter new mailing address, if applicable:	<u></u>	\$2 2 <u>-</u>
(Mailing address MAY BE A POST OFFICE BOX)		
		Ser to
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		records, enter the name of the new
registered agent and/of the new registered office address ne	<u> </u>	
	Ø	
Name of New Registered Agent:	-/	
Name of New Registered Agent:	\sim	
Name of New Registered Agent: New Registered Office Address:	Enter Florida stree	t address
	Enter Florida stree	
	Enter Florida stree	t address, Florida Zip Code
	City	

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>	<u>Address</u>	Type of Action
Secretary	FULVIO TIBERI	1805 Sans Souci blud. Apt 532 MIAMI 33181	j XAdd
Mre	asurer	Apt 532 MIAMI 33181	□ Remove
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ive date, if other than the date of filing:	(optional)
fective date is listed, the date must be specific and cannot be prior to date of fi	iling or more than 90 days after filing.) Pursuant to 60:
If the date inserted in this block does not meet the applicable statutement's effective date on the Department of State's records.	ory filing requirements, this date will not be list
nent 3 effective date of the Department of State 5 feeding.	
cord specifies a delayed effective date, but not an effe e 90th day after the record is filed.	ective time, at 12:01 a.m. on the earli
s your day after the record is filed.	
A 1 12 0016	
1 August 17 2018	
Signature of a manches as authorised and	contatus at a mampes
Signature of a member or authorized repre	sentative of a member

Page 3 of 3

Filing Fee: \$25.00