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S. PRATHER

COVER LETTER

TO:	Registration Sec Division of Corp			Y		
		E INVESTMENT LLC				
SUBJE	CT:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Jennin Gil				
			Name of Person			
		Saul Ewing Armstein & Le	hr, LLP			
			Firm/Company			
	200 South Biscyane Blvd., Suite 3600					
	Address					
		Miami, FL 33131				
			City/State and Zip Code			
		jennin.gil@saul.com		···		
		E-mail address: (to be used for future annual report no	Affication)		
For furt	ner information co	oncerning this matter, please ca	all:			
Jennin (Gil		305 428-4616 at ()			
	Name of	f Person	Area Code Dayti	me Telephone Number		
Enclose	d is a check for th	ne 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

SELMA RE INVESTMENT LLC		<u>· </u>
(Name of the Limited I. (A f	jability Company as it now appears on our records.) Florida Limited Liability Company)	
he Articles of Organization for this Limited Liabil	lity Company were filed on May 15, 2018	and assigned
orida document number L18000121503		بې س
nis amendment is submitted to amend the following	ng:	
. If amending name, enter the new name of the	e limited liability company here:	1
ABA RE INVESTMENTS LLC		
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	X)	
Mutang unitess mail DE ATOST OF THE DO	····	
		··· ·
. If amending the registered agent and/or	registered office address on our records, e	nter the name of the
egistered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:		!
ren registered Critics radices.	Enter Florida street address	1
	. Florid	la

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			☐ Change
			Add
			□ Remove
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ective date, if other than the d	late of filing:	(optional) han 90 days after filing.) Pursuant to 605.02
<u>te:</u> If the date inserted in this bloc	ck does not meet the applicable statutory filing re-	(optional) han 90 days after filing.) Pursuant to 605.02 quirements, this date will not be listed
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