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SECRETARY OF STATE ON STORY OF CORPORATIONS

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COVER LETTER

Div	ision of Corpo	rations			
SUBJECT:	IDROID INVI	ESTMENTS LLC			
SOUTE I.		Name of Limi	ted Liability Company		
The enclosed	l Articles of An	nendment and fee(s) are subr	nitted for filing.		
Please return	all correspond	ence concerning this matter t	o the following:		
			MATEO PEREZ		
			Name of Person		
			IDROID INVESTMENT	TS LLC	
			Firm/Company		
			1717 NW 82ND AVE		
			Address		
			DORAL, FL 33126		
			City/State and Zip Code		
		GREENLEAFSOLUTIONS	_		
		E-mail address: (f	o be used for future annual re	eport notification)	
For further in	nformation conc	erning this matter, please ca	H:		
МАТЕО РЕ	REZ		321 at ()	444 0273	
	Name of Pe	erson	Area Code	Daytime Telephone	Number
Enclosed is a	check for the f	ollowing amount:			
■ \$ 25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclo	scd) C	0.00 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

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TO:

Registration Section

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

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Ciability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000129857</u> .	were filed on05/24/2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the principal offices address, if applicable: ### GENERAL STREET ADDRESS ### GENERAL STREET ADDR	≈ 0√.
Principal office address MUST BE A STREET ADDRESS)	VIRGINIA GARDENS, FL 33166	ECA SECA
		17 29
inter new mailing address, if applicable:	6230 NW 41ST ST	07.00 07.00
The Articles of Organization for this Limited Liability Company were clorida document numberL18000129857 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability Contains new principal offices address, if applicable: Enter new principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	VIRGINIA GARDENS, FL 33166	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
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3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		'^
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip 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>	<u>Name</u>	Address	Type of Action
MGR	CHRISTIAN A LONDONO	6230 41ST ST	
		VIRGINIA GARDENS, FL 33166	■ Remove
			☐ Change
			
			□ Remove
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te: If the date i	other than the listed, the date mus inserted in this blo ive date on the De	ock does not m	neet the appli	cable statutor	ng or more than v filing requi	90 days after trements, this	filing.) Pursuant date will not !	to 605.0 ne fisted)207 i as
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Typed or printed name of signee

Filing Fee: \$25.00