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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER JUL 26 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: INVESTMENT EROOP USA LLC.
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Albania Lovelace.
Twine of Leton
The Investment Grow USA LLC
201 Bisagne Blud. Ste. 905
Hiami, FL. 33131. City/State and Zip Code
City/State and Zip Code QUEY DINESTMENT USA. CONS. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(ILBANIA LOVELACE at (305) 450-0177 Name of Person Area Code Daytime Telephone Number
Mane vi i cison Area Code Dayane i ciepnone Manider
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

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

THE INDSTMENT GROU (Name of the Limited Liability (A Florida	opulia LLC.	
(<u>Name of the Limited Liability</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number <u>L 18000139347</u>	Ompany were filed on <u>6-5-18</u>	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		DIV _{SS}
(Principal office address MUST BE A STREET ADDR.	RESS)	Sior
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED STATE OF STATE OF CORPORATIONS 19 AM 9: 26
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
		raji Cone

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>	Name	<u>Address</u>	Type of Action
MGR	Jesus A HUAROTTE		
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			Change
MgR	Socol, Alicia C.	and & Biscourne Bevel, Slegos	□ Add
		201. S. Biccayne Bevel, Ste 909 Mia, Fl. 33131	X Remove
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Cective date, if other than the date of filing:		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on The 90th day after the record is filed.	the ear	lier of
ted 7- 14 . 2018.		
Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·	
Albany LouLace Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00