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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Attrac investments, 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:		
Sebastian Berganzai Name of Person		
Attiac investments, LLC Firm/Company		
3540 KINIEY BYOUVE LONE.		
Clermont FL 34711 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	20 J	415 CT
For further information concerning this matter, please call:	JEH 27	고달.
Sebastia Bergonzoli at (352) 390-5405  Name of Person Area Code Daytime Telephone Number	7 MM 9: 28	TOF STATE
Enclosed is a check for the following amount:		75
■ \$25.00 Filing Fee		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

		<b>;</b>
	F AMENDMENT	20. 2000
	TO	6 68
	ORGANIZATION OF	The Control
	Or	
Attrac Investr	nends, LLC pany as it now appears on our record d Liability Company)	b)
(A Florida Limite	d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on OW 1191	2018 and assigned
Florida document number <u>L18000150248</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ahility company hazar	
A. If afficienting frame, enter the new frame of the finited in	abinty company nere.	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC	or the abbreviation "L.L.C."
	•	
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<del></del>
		<del> </del>
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street addre.	55
		orida
	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>	Name	Address	Type of Action
MGR	Fabiola Nazario	3001 TODAGO AVE CLEYMONT, FL 34711	ŒAdd
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 once: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the 1 is filed.  Suppose of a member of authorized representative of a member	_		<del>-</del>					
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Filing Fee: \$25.00