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COVER LETTER

	gistration sec vision of Corp			
SHD IEGT.		ESTMENT GROUP, LLC		
SOBJECT.	·	Name of Limi	ted Liability Company	
		amendment and fee(s) are sub		
Please retur	n all correspon	dence concerning this matter t	to the following:	
		LISSETTE MONTEALEG	RE	
			Name of Person	
		LMGA INVESTMENT GE	ROUP, LLC	
			Firm/Company	
	•	1500 SW 13TH STREET		
			Address	- · <u>-</u> -
		MIAMI FL, 33145		
			City/State and Zip Code	 -
		montealegrelisi@hotmail.co		
		E-mail address: (I	o be used for future annual report noti	fication)
For further i	information co	ncerning this matter, please ca	II:	
LISSETTE	MONTEALE	GRE	305 345-7658 at () Daytim	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for the	fullowing amount:		
\$25.00	Filing Pee	□ \$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

FILED

2018 NOV 26 PM 5: 57

LMGA INVESTMENT GROUP, LLC

STATE ARY OF STATE TALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	were filed on 07/09	0/2018	and assigned
Florida document number 1.18000165811			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here	;	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the desi	gnation "LLC" or the abl	neviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. It amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	: · -		
		street address	
	City	, Florida	Zin Codu
New Registered Agent's Signature, if changing Registered Agent:	Chy		zip code
			a la statuation
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of m rovided for in Ch	y duties, and I am fo apter 605, F.S. Or, .	umiliar with and if this document is
If Chang	ging Registered Agen	t, Signature of New Res	istered 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	LISSETTE MONTEALEGRE	1500 SW 13TH ST MIAMI FL, 33145	Add
	,		□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
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			Remove
			□ Change

If amending any other informat	ion, emer change(s) n	tere. Tamien oden	ionai sneem, y neces	su y.j
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	•••			
Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	he specific and cannot be prock does not meet the app	rior to date of filing or a dicable statutory filin	(optior nore than 90 days after fi ng requirements, this c	ling.) Pursuant to 605.0207
e record specifies a delayed The 90th day after the reco		not an effective	time, at 12:01 a.i	m. on the earlier of
Oated November 16	2018			
Mount	Signature of a member or an	ithorized representativ	e of a member	
I JOSEPH E MONTH ALL		·		
LISSETTE MONTEALI		inted name of signee		

Page 3 of 3

Filing Fee: \$25.00