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## **COVER LETTER**

Divi	ision of Cor	porations		
SUBJECT:	ALHER IN	EVESTMENTS PANAMA SA	, LLC	
Name of Limited Liability Company				
The enclosed	Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	ali correspo	ndence concerning this matter	to the following:	
		Cristian Rodriguez		
			Name of Person	
		ARCM Services, LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		14850 NW 44th Ct Suite 1	03	
		-	Address	
		Opa Locka FL 33054		
		aremservices@gmail.com	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report n	otification)
For further in	formation co	oncerning this matter, please ea	ill:	
Cristian Rodr	riguez		305 890-1770	
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed is a	check for th	e following amount:		
C2 \$25.00 Fi	ling Fee	S \$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:

TO:

Registration Section

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



ALHER INVESTMENTS PANAMA SA, LLC

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

07/17/2018

The Articles of Organization for this Limited Lia	ability Company	were filed on	07/17/2018	and assigned
Florida document number L18000171884	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :	
Alber Investments	Roama	LIC	_	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ble:	14850 NW 44th	Ct, Suite 103	
(Principal office address MUST BE A STREET ADDRESS)		Opa Locka FL 33054		
	-			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX)		14850 NW 44th Ct, Suite 103		
		Opa Locka FL	33054	
B. If amending the registered agent and/oregistered agent and/or the new registered off			our records, enter	the name of the new
teginered agent and of the new regime ed of	Tet Red Constitution	<b>-</b> '		
Name of New Registered Agent:	ARCM Service	s, LLC		····
New Registered Office Address:	14850 NW 44th Ct, Suite 103			
	Enter Florida street address			
	Opa Locka		, Florida	33054
		City		Zip Code
New Registered Agent's Signature, if changing R	egistered 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

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	from our records:	$F \leftarrow F_{ij}$	
MGR = N AMBR = N	fanager Authorized Member	18 DEC -3 AM -	
<u>Title</u>	Name	Address Address Address Address Address Address Address Address Address	7 Type of Action
			Remove
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		18 DEC 3 AH 9: 57
		········
Note: If t	date, if other than the date of filing: 12/11/8 ive date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory files effective date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605.0207 (3) ling requirements, this date will not be listed as the
	rd specifies a delayed effective date, but not an effective Oth day after the record is filed.	e time, at 12:01 a.m. on the earlier of:
Dated <u>Y</u>	november 30 2013	
	Signature of a member of authorized representati	ive of a member
	Al-la M.	
	Typed or printed name of signee	- )

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Filing Fee: \$25.00