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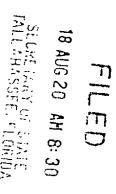
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COVER LETTER

TO: Registratio Division of	n Section Corporations		
JCN IN SUBJECT:	IVESTOR LLC		
SUBJECT.	Name of Limit	ted Liability Company	and Park Town
The enclosed Article	s of Amendment and fee(s) are subm	nitted for filing.	
Please return all corr	espondence concerning this matter t	o the following:	
	JOHNSON NINO		
		Name of Person	
	ASSETS LEADER LLC		
		Firm/Company	
	17180 Royal Palm Blvd		
		Address	
	Weston, FL 33326		
	jnino@assetsleader.com	City/State and Zip Code	
	E-mail address: (to	o be used for future annual report noti	fication)
For further informati	on concerning this matter, please ca	lt:	
JOHNSON NINO		1 9545050222	
Na	me of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fed	e □ \$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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our reco Liability Company)	<u>rds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number L18000195063	were filed on August, 15 201	s and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	17301 Biscayne Blvd		
(Principal office address MUST BE A STREET ADDRESS)	Apt 1603	Σ.ς. 	
	Aventura, FL 33160		
Enter new mailing address, if applicable:	17301 Biscayne Blvd	20 33511	
(Mailing address MAY BE A POST OFFICE BOX)	Apt 1603		
	Aventura, FL 33160	8: 30	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the	
te new regioner en dances inter	<u>.</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, I	FloridaZip Code	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	
I hereby accept the appointment as registered agent and agr		further worse to compl	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Address</u>	Type of Action
AMBR	CESAR A HURTADO	17301 Bizcayne Blvd	
		Apt 1603	
			Remove
		Aventura, FL 33160	
			☐ Change
AMBR	NELLY SIERRA	17301 Bizcayne Blvd	
		Apt 1603	
			■ Remove
		Aventura, FL 33160	
			Change
AMBR	CESAR A HURTADO	17301 Biscayne Blvd	
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nument's effective date on the Department of State	s records.			
record specifies a delayed effective date The 90th day after the record is filed.	but not an effe	ective time, at 12:	01 a.m. on the	earlier o
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Page 3 of 3

Filing Fee: \$25.00