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(Red	questor's Name)	
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	rporations				
Fatsi Invest	_				
SUBJECT:	Name of Lin	ited Liability Company			
The combined Amileton C	Amountain are and Section 1	tu i a let			
	Amendment and fee(s) are sub	•			
Please return all correspo	ondence concerning this matter	to the following:			
	Ali Mansour				
		Name of Person		_	
	Fatsi Investing LLC				
	•	Firm/Company	-	-	
	9214 Knights Branch Stree	et			
		Address	-	2019	
	Tampa FL 33637			2019 MAY - 6	 1 ·
	fatsillc@gmail.com	City/State and Zip Code			AKO
	E-mail address: (to be used for future annual report notific	ration)		
For further information c	oncerning this matter, please c	all:		PM 4: 00	
Souad Mansour		813 7489771 at ()			
Name o	f Person	Area Code Daytime	Telephone Numbe		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy		ate of Status &	
		adding copy is enclosed?		at copy at copy is enclosed)	ı
	ING ADDRESS: ration Section	STREET/COURIE			
	n of Corporations	Registration Section Division of Corporat			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fatsi Investing LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 08/31/2018	and assigned
lorida document number L18000209536		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liah	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	****	
Principal office address MUST BE A STREET ADDRESS)		20
		- 100 - 100
nter new mailing address, if applicable:		- A E-2-8
Mailing address MAY BE A POST OFFICE BOX)		
runing undress MAT BLATOST OFFICE BOX		
		
. If amending the registered agent and/or registered o	ffice address on our recor	ede antar the name of the
egistered agent and/or the new registered office address her	e:	us, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	!	Florida
	City	Zin 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ali Mansour	9214 Knights Branch Street Tampa FL 33637	- A.J.
			B Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove
			Remove Alpha Change Al
			Change AND LED 4
			PBAdd 4: 0 Remove
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		5/3/2019					
Effective date, if	other than the date	of filing:		(op	tional)		
Note: If the date in	isted, the date must be spe iserted in this block do	es not meet the appli-	cable statutory fili	more than 90 days aft ng requirements, th	er filing.) Pi is date wil	irsuant to Il not be	605.020 listed a
document's effectiv	ve date on the Departm	nent of State's records	5.				
ne record specif	îes a delayed effe	ctive date, but no	ot an effective	time, at 12:01	a.m. on	the ea	rlier
The 90th day	after the record is	filed.		·			
	- V d	9019	_				
Dated Mad	1 2 -						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00