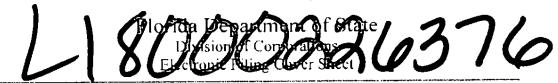
10/12/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002963773)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : I20020000100 : (305)944-9755 : (888)401-1914 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AOP INVESTMENTS LLC

Certificate of Status	0
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(((H18000296377 3)))

COVER LETTER

10: Registration 8 Division of Co				
AQP INV	ESTMENTS LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all corresp	ondence concerning this matter (o the following:		
	SANDRA DE ROMANA			
	Name of Person			
	AQP INVESTMENTS LL			
		Firm Company		
2061 RENAISSANCE BLVD				
		Address		
	MIRAMAR FI. 33025			
		City/State and Zip Code		
	ACCOUNTING2@SILVA:	SBOX.COM to be used for future annual report notifi	ncation)	
For furlyer information	concerning this matter, please or			
SANDRA DE ROMAS	of Person	at ()	e Telephone Number	
Natire	at reison	August Conto	. , , , , , , , , , , , , , , , , , , ,	
Enclosed is a check for	the following amount:			
S25.00 Filing Fee	☐ \$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)	
Regis Divis	LING ADDRESS: uration Section ion of Corporations Box 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	on .	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To: Page 4 of 6

(((H18000296377 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VESTMENTS LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C lorida document number L18000226376	ompany were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the des	signation "LLC" or the ub	breviation 'L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDI	(ESS)		<u> </u>
			<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
			E C
Enter new mailing address, if applicable:			co
•			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter	the name of the
Name of New Registered Agent: N/A			
New Registered Office Address:			
	Emer Florida sweet uddress		
		, Florida	·
			Zip Colle
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c	omplete performance of i	apacity. I further og ny duties, and I am,	familiar with and

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

Title	Name	Address	Type of Action
MGR	CARTY CHIRINOS, JHON ANTHONY	2061 RENAISSANCE BLVD	DAdd
		UNIT 16 APT 201	≅ Remove
		MIRAMAR, FL 33025	Change
MGR CARTY CHIRINOS, JOHN ANTHONY	CARTY CHIRINOS, JOHN ANTHONY	2061 RENAISSANCE BLVD	Add
		UNIT 16 APT 201	
	MIRAMAR, FL 33025	☐ Change	
		Add	
		☐ Remove	
		Change	
		©.Remove	
		Change	
		□ Add	
		□ Remove	
			□ Change
			☐ Remove
			☐ Change

: Page 6 of 6	2018-10-12 14.31.47 (GMT)	1-888-401-1914 From	Silvas Financial Services, LL
((H18000296377 3)))		1 -1	
D. If amending any other information, en	ter change(s) here: (Attach ockillic	mat sneets, if necessory.)	
N/A			
			
			
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E. Effective date, if other than the date o	09/24/2018	(optional)	
E. Effective date, if other than the date of (If an effective date is listed, the date must be specified. If the date inserted in this block doe document's effective date on the Department.	rific and cannot be prior to date of filing or a s not meet the applicable statutory filin	ore than 90 days after filing.) Ig requirements, this date w	Pursuant to 605,0267 (3)(b) will not be listed as the
If the record specifies a delayed effection (b) The 90th day after the record is	tive date, but not an effective filed.	time, at 12:01 a.m. o	in the earlier of:
Dated OCTOBER 12	. 2018		
	Laneta DE Lomana		
Signan	re of a member or authorized representative	of a member	
	SANDRA DE ROMANA		
	Typed or printed name of signee		

·To:

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Filing Fee: \$25.00