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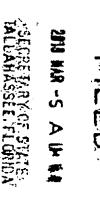
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COVER LETTER

TO:	Registration Sec Division of Corp		 •	
erin ti		NVESTMENTS PARTNERS	SHIP, LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		KRISTHINE CUEVAS		
		NEW ERA INVESTMEN	Name of Person TS PARTNERSHIP, LLC	
Firm/Company				
		14020 HOLLOW LEAF P	LACE	
Address RIVERVIEW, FL 33579				
		City/State and Zip Code INFO.NEWERAINVESTMENTS@GMAIL.COM		
			to be used for future annual report notif	ication)
For fu	rther information co	ncerning this matter, please co	all:	
KRIS	THINE CUEVAS		727 485-7959 at ()	
	Name of	Person		Telephone Number
Enclos	sed is a check for the	e following amount:		
■ \$2	25.00 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)

MAILING ADDRESS:

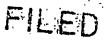
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

NEW ERA INVESTMENTS PARTNERSHIP, LLC



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

ility company here: ity Company," the designat	IS SECRETARY and assigned FACLAHASSEE. N. ORIGA	
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	records, enter the name of the n	
<u>2</u> :		
Enter Florida street address		
	. Florida	
City	Zip Code	
	et address , Florida Zip Code	
	e: Enter Florida stre	

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
VP	C.A REMODELING SOLUTIONS, LLC 50%	5801 N MIAMI PLACE TAMPA, FL 33602	Add
			■ Remove
			☐ Change
<u>VP</u>	SANDRA CARDENAS 33.33%	5801 N MIAMI PLACE TAMPA, FL 33602	
			□ Remove
			□ Change
P	ROSCA INVESTMENTS, LLC 66.67%	14020 HOLLOW LEAF PLACE RIVERVIEW, FL 33579	
			☐ Remove
		CHANGE THE OWNERSHIP PERCENTAGE	
			Add
			☐ Remove
			☐ Change
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	02/15/2019
(If an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	03/01/2019
.,	2 12/10/11
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00