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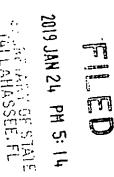
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(Address)	
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C. GOLDEN

JAN 3 0 2019

COVER LETTER

TO: Registration Se Division of Cor			
	y Investment Group LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Glendisha Rolle-Wells		
	·	Name of Person	
	A1 Property Investment Gro	oup LLC	
		Firm/Company	
	4071 Old Canoe Creek Road	d # 701265	
		Address	
	St. Cloud, Fl 34769		
	alpropertyig@gmail.com	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	ication)
For further information e	oncerning this matter, please cal	H:	
Glendisha Rolle-Wells		954 670-9889 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$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

FILED

2019 JAN 24 PM 5: 14

Al Property Investment Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 1st, 2019 and assigned Florida document number $\underline{L18000285035}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___

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.

City

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
MGR	Mannie Wells	4071 Old Canoe Creek Rd # 701265	
		St. Cloud Fl. 34769	
			■ Remove
			☐ Change
			□ Remove
			□ Change
		□ Remove	
		□ Change	
		Remove	
		Change	
		Remove	
		Change	
		☐ Remove	
			☐ Change

DIf amending any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
Note: If the date inserted in	an the date of filing:
(f the record specifies a de (b) The 90th day after th	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see record is filed.
Dated January 2nd	2019
	Signature of a member or authorized representative of a member Cilenalisha Quill - Wells Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00