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Special Instructions to Filing Officer:			

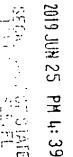
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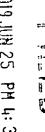


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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
		NVESTMENTS, LLC		
SOR	JECT:	Name of Limi	ted Liability Company	
			-	
Pleas	se return all correspoi	idence concerning this matter t	to the following:	
		CRAIG D. SAVAGE		
			Name of Person	
		CRAIG D. SAVAGE, P.A.	ESTMENTS, LLC  Name of Limited Liability Company  Endiment and fee(s) are submitted for filing.  The econcerning this matter to the following:  CRAIG D. SAVAGE  Name of Person  CRAIG D. SAVAGE  Firm/Company  18851 NE 29TH AVENUE SUITE 303  Address  AVENTURA. FL 33180  City/State and Zip Code  The phanywizman@gmail.com  E-mail address: (to be used for future annual report notification)  Erning this matter, please call:  at (4)  Area Code  Daytime Telephone Number	
			Firm/Company	<u> </u>
		18851 NE 29TH AVENUE	SUITE 303	
			Address	
		AVENTURA, FL 33180		
		iohnnywizman@email.com	Name of Person P.A.  Firmt/Company NUE SUITE 303  Address 80  City/State and Zip Code com ess: (to be used for future annual report notification) use call:	
			o be used for future annual report positi	eation)
For f	urther information ec	oncerning this matter, please ca	·	curon,
CRA	AIG D. SAVAGE			
	Name of	Person	Area Code Daytime	Telephone Number
Enck	osed is a check for th	e following amount:		
₩ \$	525.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

(Name of the Limited Liabil	lity Company as it now appears on our records.) la Limited Liability Company)			
(A FIORE	as Limited Liability Company)			
The Articles of Organization for this Limited Liability	Company were filed on JANUARY 28, 2019	and assigned		
Florida document number L19000028695	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" of	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
		<u> </u>		
Enter new mailing address, if applicable:		25		
(Mailing address MAY BE A POST OFFICE BOX)		卫即		
		39 11E		
B. If amending the registered agent and/or regi registered agent and/or the new registered office address.		enter the name of the nev		
Name of New Registered Agent:		<del></del>		
New Registered Office Address:				
	Enter Florida street address			
<u> </u>	, Floric	da		
	City	Zip 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
MGR	JONATHAN WIZMAN	12555 BISCAYNE BLVD. 3852 NORTH MIAM, FL 33181	Add
			■ Remove
			Change
MGR	JONATAHN FELS	6000 ISLAND BLVD #401, AVENTURA, FL 33160	
			Remove
			Change
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
		<del></del>	Change
	<del>-</del>	<del></del>	Add
			□ Remove
			Change

If amending any other	information, enter	change(s) here:	Ottach additional s	heets, if necessary)	
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Effective date of other	than the decree at the				
Effective date, if other it an effective date is listed if Note: If the date inserted	oran ene nare or mi se date must be specific a	ng; nd cannot be prove to d	and Glassian and State	(optional)	
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document's effective date	on the Department of	State's records		concerns, and date will in	n be fisted as the
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The 90th day after	the record is filed	l.	i ellective time, i	3t 12:01 a.m. on th	e earlier of:
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Dated TUNE 12		2010			
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-	अध्यक्तिक ले .	member or authorized	Trep quatre of a me	mber – -	<del></del>
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JONATHAN V	A IV I A IVAN	( Jun	axhar ()	Johnson J.	

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Filing Fee: \$25.00