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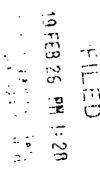


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COVER LETTER

Division of Co		. "	
ART 1157 SUBJECT:	8 INVESTMENTS LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Pedro Ajaj		
		Name of Person	
	ART 11578 INVESTMEN	TS LLC	
		Firm/Company	
	780 NW 42nd Ave. Suite 1	0	
		Address	
	Miami, FI. 33126		
		City/State and Zip Code	
	pedro.ajaj@hotmail.com		
	E-mail address: (to be used for future annual report notit	ication)
For further information	concerning this matter, please co	ill:	
Joseph Duarte		305 456-3877 at () Area Code Daytimo	
Name	of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for	the 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

ART 11578 INVESTMENTS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L19000035133}{L19000035133}$.	pany were filed on February 4, 2019	and assigned
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 "1.1.C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		77
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	0 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		H 1: 28
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	_	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AJAJ BACHOUR, ANTONIO	780 NW 42nd Ave. Suite 10	
		Miami, FL 33126	B Add
		WHAIRI, FT. 33120	□ Remove
			□ Change
			Add
			Remove
			☐ Change
			☐ Remove
			Change
		□ Remove	
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			∩ ∆öd
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

(If an e	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1 February 14 2019
Date	
Date	Stephane of a member of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00