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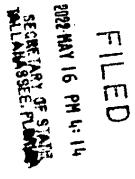
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COVER LETTER

TG:

TG: Registration Se Division of Con			
	NVESTMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAIME A AGUDELO BE	ERRIO	
		Name of Person	.
	AMARY INVESTMENTS	SLLC	
		Firm/Company	<u> </u>
	11600 N BAYSHORE DR	IVE	
	•	Address	
	NORTH MIAMI FL 33	181	
		City/State and Zip Code	
	MALELUJAN@YAHOO.C	COM to be used for future annual report notif	*
For further information of	e-man address: (•	ication)
JAIME A AGUDELO B	BERRIO	954 805-6798 at ()	
Name of Person			Telephone Number
Enclosed is a check for t	he 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 Addres Registration		Street Address: Registration Sec	tion
Division of C		Division of Corp	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I Florida document number L19000047695	Liability Company were filed on F	FEBRUARY 18, 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
A. If amending name, enter the new name	of the limited liability company	<u>herc</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	一种
, D	C.	records, enter the name of the new registered
	11600 N BAYSHORE DRIVE	
New Registered Office Address:	Enter F	lorida street address
	NORTH MIAMI	Florida ³³¹⁸¹
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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