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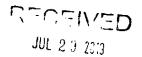
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COVER LETTER

	Registration Sec Division of Corp			
	***	S GROUP INVESTORS LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	um all correspon	ndence concerning this matter	to the following:	
		JORGE SCHNEIDER		
			Name of Person	
		JFS CONSULTING SVCS		
			Firm/Company	
		20341 NE 30 TH AVE - S	TIE 105	
			Address	
		AVENTURA/FLORIDA	33180	
		jschneider@jfsconsultingsv	City/State and Zip Code cs.com	
		E-mail address: (to be used for future annual report notific	ation)
For furthe	er information ed	oncerning this matter, please ca	all:	
JORGE S	SCHNEIDER		786 553-6061 at ()	
	Name of	Person	Area Code Daytime	Felephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	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:

TO:

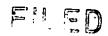
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Liability Company as it now appears on our records.)



PARTNERS GROUP INVESTORS LLC

company has been notified in writing of this change.

2019 JUL 29 PM 3: 19

(A rioi	паа Ентиев Ставину Сотрану)	
The Articles of Organization for this Limited Liability Florida document number L19000064628	Company were filed on 03/06/2019	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
istating dadress STAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:		enter the name of the ne
New Registered Office Address:	Enter Florida street address	- 10
	, Flor	ida
_	City	Zip Code
New Registered Agent's Signature, if changing Registo	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered	d complete performance of my duties, and	l I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
MGRM	JOHANNA MARIA CORDERO VELASQUEZ	2893 EXECUTIVE PARK DR. STE 204. WESTON, FL. 33331	□ Add
			Remove
			Change
			Add
			Remove
			Change
			Add
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fective date, if other than than effective date is listed, the date mote: If the date inserted in this bocument's effective date on the line	ust be specific and canno block does not meet th	ie applicable statut	lling or more than 90	(optional) days after filing.) Pursuant tents, this date will not be	o 605.0207 e listed as
e record specifies a delaye The 90th day after the re	ed effective date, cord is filed.	but not an effe	ective time, at 1	2:01 a.m. on the e	earlier of
JULY 22ND.	201	9			
70	- Jey				
			sentative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00