Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations	?
	Fax Number : (850)617-6383	:
From:		1,1
•	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number : I20000000019	· · · · · · · · · · · · · · · · · · ·
	Phone : (305)552-5973	
	Fax Number : (305)675-5944	
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ALL IN ONE INVESTMENT (Name of the Limited Liability Compa (A Florida Limited)	SI, LLC	
(A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were fled on April 4 Th 2019	
Florida document number <u>L19000088954</u>	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability	in Company The decimal MICO	
Enter new principal offices address, if applicable:	8180 NW 36 STREET, Suite 420)
(Principal office address MUST BE A STREET ADDRESS)	Doral, Florida 33166	
Pater		
Enter new mailing address, if applicable:	8180 NW 36 STREET, Shite 420	
(Mailing address MAY BE A POST OFFICE BOX)	Doral, Florida 331.66	
	202 SE	
B. If amending the registered agent and/or registered agent		-
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	adress on our records, enter the name of the new registere	₫
	7 1	-
Name of New Registered Agent:	京, 章 [[i
	9 0	İ
New Registered Office Address:	Enter Florido struei address	
	The state of the s	
	City Florida 77- Cod	
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code	
Mile The Part of the College		

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR - Authorized Member

AII.	trains	Address	Type of Action
ANBR	DAMIAN APAILE	2423 SW 147 AVENUE, Unit 6 MIAMI, FLORIDA 33185	G □Add
	•		WRemove
		*	-
AMBR	ISABELLA GRACE KABA	BISU NW 36 STREET, Juite 420 Doral, Plonda 33166	DFAdd
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	Signature of a member	er or authorized representat		

Filing Fee: \$25.00