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| (Red | uestor's Name) | • |
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| (Add | lress) | |
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| PICK-UP | MAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| TO: | | on Section f Corporation | ns | | | |
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| SUBJE | · CT· | AIR | INVEST Mame of Lim | 1EN+S | GROUP | LLC |
| 00101 | | - | Name of Lim | ited Liability Com | ipany | |
| | • , | | | | | |
| The en | closed Articl | es of Amendr | nent and fee(s) are sub- | mitted for filing. | | |
| - Please | return all cor | respondence : | concerning this matter | to the following | : | |
| | | , | 3 | J | | |
| , . | | | 20 | | ANCHEZ | 2 |
| - | • | | | Name of P | erson | |
| | • . | | Ana | エルリモ Firm/Com | | s GROUP LL |
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| ٠. | | | CA | VE COL | AL FL | 33991 |
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| | • | | E-mail address: (1 | to be used for futu | re annual report notifi | ication) |
| For fur | ther informat | tion concernin | ng this matter, please ca | all: | | |
| | iulio | Sano | hez | | 9,703- | 6006 |
| | , , N | ame of Person | | Area C | lode Daytime | Telephone Number |
| ٠. | | | | | | |
| Ėnclose | ed is a check | for the follow | ving amount: | | | |
| X (\$25 | 5.00 Filing F | | 0.00 Filing Fee & Certificate of Status | □ \$55.00 Fil Certified (additional) | | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| • | | | | | | |
| ·. | R D | IAILING AD egistration Se ivision of Cor O. Box 6327 | ction |]] | STREET/COURIF Registration Section Division of Corpora Clifton Building | 1 |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | INVESTMENTS ELL | |
|---|---|---|
| (Name of the Lin | nited Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited | Liability Company were filed on | 4 8 2019 and assigned |
| Florida document number 19000 | <u> </u> | |
| This amendment is submitted to amend the fo | llowing: | |
| A. If amending name, enter the new name | of the limited liability company her | <u>e</u> : |
| N/A: | | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the des | ignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl | icable: | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | · . |
| | · | |
| | - | |
| Enter new mailing address, if applicable: | | . 2 |
| <u>(Mailing address MAY BE</u> A POST OFFICI | E <i>BOX</i>) | 119: |
| • | | |
| | | 0 |
| B. If amending the registered agent an | d/or registered office address on | our records, enter the name of the n |
| registered agent and/or the new registered | office address here: | . · · |
| • | , | <u>ა</u> |
| Name of New Registered Agent: | NA | |
| New Registered Office Address: | | · |
| | Enter Florid | a street address |
| | | Florida |
| • | City | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | |
| l hereby accept the appointment as register | ed agent and agree to act in this ca | pacity. I further agree to comply with ti |
| provisions of all statutes relative to the pro | per and complete performance of m | y duties, and I am familiar with and |
| accept the obligations of my position as reg being filed to merely reflect a change in the | | |

If Changing Registered Agent, Signature of New Registered Agent

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|----------------|---------------------------------------|---|----------------|
| MGR. | Pomela Sanchez | 524 SW 21ST +ER CAPE CORAL FL 33991 | Add |
| - | | | Remove |
| | | | Change |
| <u>P</u> | JULIO SANCHEZ | 524 SLU 21ST TER CAPE COLAL FL 33991 | Add |
| | | | Remove |
| - · | | | Change |
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| • | | | □ Remove |
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| Ifan | nending any other in | formation, enter change(s) here: (Attach additional sheets, if necessary.) |
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| t'an e Note | effective date is listed, the center in the first the date inserted in | date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (a this block does not meet the applicable statutory filing requirements, this date will not be listed as to the Department of State's records. |
| e ro Th | ecord specifies a d e 90th day after th | elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne record is filed. |
| Date | d MAY | 19. 2013 |
| | <u> </u> | Signature of a member or authorized representative of a member |
| | | JULIO SANCHEZ |
| | | |

Page 3 of 3

Filing Fee: \$25.00