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(Do	cument Number)	
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SEP 1 7 2019 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
HOC EST	Γ BEATUS INVESTMENTS, L	I.C.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Izi Pinho		
		Name of Person	
	Pinho Law, PLLC		
		Firm/Company	
	6965 Piazza Grande Aven	ue, Suite 203	
		Address	
	Orlando, FL 32835		
		City/State and Zip Code	
	izi@pinholaw.com	to be used for future annual report notifi	(estion)
For further information	concerning this matter, please concerning this matter.		Canony
Izi Pinho	concerning this matter, prease of		
<u>.</u> .	of Domina	321 209 8282 at ()	T. Jackenson Monaker
Name	of Person .	Area Code Daytime	Tereprione Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	1 \$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)
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	

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

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

HOC EST BEATUS INVESTMENTS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/15/2019}{1}$ and assigned Florida document number _L19000102307 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Patricia D. B. Steagall	448 OCEAN COURSE AVENUE	
		CHAMPIONSGATE, FL 33896	
		CHAMI (08.30A 1111.33870	□ Remove
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Note: It'the date inserted in I	in the date of filing:	o 605 020° c listed as
ne record specifies a de The 90th day after the	layed effective date, but not an effective time, at 12:01 a.m. on the e e record is filed.	arlier o
Dated July 30	2019	
	inferrall In	_
	Signature of a member or authorized representative of a member	
Lincoln Steagall J	(i	

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Filing Fee: \$25.00