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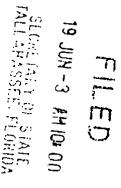
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COVER LETTER

TO:

	Registration Se Division of Cor		е .	•
SUBJEC	T:	La Cieinaga	Investments, L	LC.
		Name offLim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Jonatha	n J. Coto, Eq.	
		Coto L	aw Firm, P.A.	·
		7700 N.H	Kendall Dr, Sui	te 610
		Miami	FL 33156 City/State and Zip Code Cotofirm.com	
		E-mail address: (cotofirm.com to be used for future annual report noti	fication)
		oncerning this matter, please of		- (-720
\	lictoria Name o	t Person	at (305) 668 Area Code Daytim	te Telephone Number
Enclosed	is a check for th	ne following amount:		
X . \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	9a Investmer		,
(Name of the Limited Bi (A F)	ability Company as it now apported Limited Liability Compa	pears on our records.) 1y)	
The Articles of Organization for this Limited Liabili Florida document number <u>L 19001056</u> 6	ty Company were filed on <u>3</u> .	April 17, 2019	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the Lq Cienaga The new name must be distinguishable and contain the words	Investment	S, LLC.	eviation "L.L.C."
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET AL		20	2 6
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX</u>	2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	JUN -3 AND D
B. If amending the registered agent and/or r registered agent and/or the new registered office		on our records, enter th	ne name of the new
Name of New Registered Agent:			· • • • • • • • • • • • • • • • • • • •
New Registered Office Address:	Enter	Florida street address	
	Enter		the abbreviation "L.L.C." SECURITY SEC
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:		

If Changing Registered Agent, Signature of New 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, 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
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			Change
			Remove
			Remove
			HANSSET FLORIUM Change
			□ Add
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	d specifies a Oth day afte			ate, but n	ot an effec	tive time,	at 12:01 a	i.m. on the	e earli	er of:
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Filing Fee: \$25.00