119000113338

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	me)
(Docur	ment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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2019 (CC) - 7 (FHT): 17

COVER LETTER

TO:	Registration Se Division of Cor			
		E INVESTMENTS LLC		
SUBJE	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		NIBU PUTHETH		
			Name of Person	
		L SQUARE INVESTMEN	TS LLC	
	Firm/Company 13859 NW 23RD STREET			
			Address	
		PEMBROKE PINES, FL, 33028		
		NIBUPUTHETH@YAHOO	City/State and Zip Code D.COM	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
NIBU	PUTHETH		954 892 4747	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$ 2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

L SQUARE INVESTMENTS LLC			25:4
(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	- 2819 (7 AHII:
The Articles of Organization for this Limited L Florida document number <u>L19000113338</u>	iability Company were filed on	1 04/23/2019	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability compan	<u>v here</u> :	
N/A			
The new name must be distinguishable and contain the	vords "Limited Liability Company," (the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	able: N/A		
(Principal office address MUST BE A STREI	ET ADDRESS)		
-	. <u></u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered o		on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
	Enter	Florida street address	
		, Florid	
	City	·- <u></u>	Zip Code

New Registered Agent's Signature, if changing 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 Changing Registered Agent, Signature of New Registered Agent

7

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>	Name	<u>Address</u>	Type of Action
AMGR	SENIYA PUTHETH	13859 NW 23RD STREET, PEMBROKE PINES, FL, 33028	⊟ Add
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If an effe <u>Note:</u>	ye date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated _	09/27/2019
	₩ . \ \ \ \ \ \
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00