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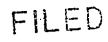
Account Name : TAXLEAF.COM INC Account Number : 120140000084 Phone : (305)541-3980 fax Number : (888)772-8108

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIG NINE INVESTMENT GROUP

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 DEC 11 P 1: 42

NINE INVESTMENT GROUP LLC		
Same of the Limited Lie	bility Company as it now appears or orda Limited Liability Company)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liabilit	y Company were filed on 05/02/	2019 and assigned
Florida document number [L19000119754		
This amendment is submitted to amend the following	3:	
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 design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
PRIMITE HERE HAT DE AT VOL OTTTER TON	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a		er records, <u>enter the name of the ne</u>
New Registered Office Address:		
	Enter Florida street address	
	City:	, Florida
New Registered Agent's Signature, if changing Regist	-	selfs & torus
I hereby occupt the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the registered company has been notified in writing of this chan	ent and agree to act in this cap id complete performance of my d agent as provided for in Cha tered office address, I hereby c	duties, and I am familiar with and pier 605, F.S. Or, if this document is
	If Changing Revotered Agent	Signature of New Receivered Agent

Page 1 of 3

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

Title	Name	Address	Type of Action
AMBR DOUGLAS PAN	DOUGLAS PANTAROTTO CANDIL	3111 N UNIVERSITY OR STE 105	
		CORAL SPRINGS, FL 33065	■ Remove
			☐ Chairge
			D Add
			☐ Remove
			☐ Change
		D Add	
			☐ Remove
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			☐ Change

	ending any other information, enter change(s) here: 13ttach additional sheets, if necessary;
(Hanel Note:	ive date, if other than the date of filing: (optional) (iverse three is listed, the date must be specific and cannot be prior to date of filing or more man 80 days after filing (Pursuant to 605.0207) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ten's effective date on the Department of State's records
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	DECEMBER 1711 2919 Tolomo University of a number of authorized representative of a number
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