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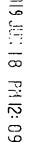
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COVER LETTER

| | Registration Se Division of Cor | | | | | |
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| SUBJEC | RAMIREZ | AND ROMERO INVESTME | NTS, LLC | | | |
| SUBJEC | Name of Limited Liability Company | | | | | |
| The enclo | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please ret | urn all correspo | ndence concerning this matter | to the following: | | | |
| | | Guillermo Gonzalez | | | | |
| | | UNLIMITED TITLE GRO | Name of Person DUP CORP. | | | |
| | | 2400 NW 87 PL | Firm/Company Address | | | |
| | | DORAL, FL 33172 | Address | | | |
| | | Address | | | | |
| | | E-mail address: (| to be used for future annual report noti | fication) | | |
| For furthe | er information c | oncerning this matter, please ca | all: | | | |
| Guillerm | o Gonzalez | | 305 269-9087 | | | |
| | Name o | f Person | Area Code Daytim | e Telephone Number | | |
| Enclosed | is a check for th | ne following amount: | | | | |
| □ \$ 25.0 | 0 Filing Fee | ☐ \$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) | | |

MAILING ADDRESS:

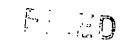
TO:

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



2019 JULI 18 PM 12: 09

RAMIREZ AND ROMERO 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 05/15/2019 and assigned Florida document number _____L19000132065 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROMERO RAMIREZ INVESTMENTS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 10847 Cresent Ridge Loop Enter new principal offices address, if applicable: Clermont, FL 34711 (Principal office address MUST BE A STREET ADDRESS) 13255 SW 16 Ct, Enter new mailing address, if applicable: Unit #405K (Mailing address MAY BE A POST OFFICE BOX) Pembroke Pines, FL 33027 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Lorena Lemoine Name of New Registered Agent: 13255 SW 16 Ct, Unit #405K New Registered Office Address: Enter Florida street address , Florida 33027
Zip Code Pembroke Pines

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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> | <u>Address</u> | Type of Action |
|--------------|--------------------------------|--|----------------|
| AMBR | Maria Mildred Ramirez Cubillas | CRA 78 #134B66 Torres Ap 302 Bogota, Colombia | |
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Filing Fee: \$25.00