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COVER LETTER

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VESTMENTS LLC				
Name of Lim	ited Liability Company			
FERNANDO MORENO				
	Name of Person			
RAFER INVESTMENTS	LLC			
	Firm/Company		20 i	
200 TURTLE LAKE CT -	APT 110		9 SE	<u>.</u>
NAPLES, FL 34105	Address		<u>.</u>	
asapaccounting@me.com	City/State and Zip Code		· E	;
E-mail address: (to be used for future annual repor	t notification)	94	
concerning this matter, please ca	all:			
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□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C	of Status & Copy	
	Amendment and fee(s) are substituted and fee(s)	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: FERNANDO MORENO Name of Person RAFER INVESTMENTS LLC Firm/Company 200 TURTLE LAKE CT - APT 110 Address NAPLES, FL 34105 City/State and Zip Code asapaccounting@me.com E-mail address: (to be used for future annual report oncerning this matter, please call: 1 305 323-748 1 41 Area Code Define following amount: \$\Begin{array} \text{S30.00 Filing Fee & Certified Copy} \text{S55.00 Filing Fee & Certified Copy} \text{Certified Copy}	VESTMENTS LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: FERNANDO MORENO Name of Person RAFER INVESTMENTS LLC Firm/Company 200 TURTLE LAKE CT - APT 110 Address NAPLES, FL 34105 City/State and Zip Code assapaccounting@me.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: Area Code Terson Area Code Daytime Telephone Number the following amount: S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate (additional copy is enclosed) Certificate Cortified Copy (additional copy is enclosed)	VESTMENTS LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indended concerning this matter to the following: FERNANDO MORENO Name of Person RAFER INVESTMENTS LLC Firm/Company 200 TURTLE LAKE CT - APT 110 Address NAPLES, FL 34105 City/State and Zip Code asapaccounting@me.com E-mail address: (to be used for future annual report notification) Oncerning this matter, please call: Area Code Daytime Telephone Number The following amount: \$\int_{\text{30.00 Filing Fee}}^{\text{30.00 Filing Fee}} \int_{\text{Certificate of Status}}^{\text{360.00 Filing Fee}} \int_{\text{360.00 Filing Fee}}^{\text{360.00 Filing Fee}} \int_{\text{360.00 Filing Fee}}^{360.00 Filing Fe

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, 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

(Same of the Limited Liability Company at 1 now appears on our records.) (A Fords Limited Liability Company) The Articles of Organization for this Limited Liability Company were filted on (99/03/2019) and assigned Florida document number L19000139636 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 number distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviations LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Principal office 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 meregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 1055 FOREST LAKE - APT D211 Enter Florida sheet address NAPLES Florida 34105 Florida 34105	RAFER INVESTMENTS LLC	Liability Compa	any as it now appears on our records.)				
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 abbreviating "LLC". Enter new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS] Enter new malling 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 1055 FOREST LAKE - APT D213 1055 FOREST LAKE - APT D215 1055 FOREST LAKE - A	\ <u>\</u>	A Florida Limited	Liability Company)				
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		NAPLES	, Florid	in 34105			
City Zip Code			City	Zų	p Code		

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

□ Remove

_ Change

or removed	l from our records:		of each person being a
MGR = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u> MONICA LAVADENZ	Address 1055 FOREST LAKE - APT D211	Type of Action
MGR	MONICA LAVADENZ	NAPLES, FL 34105	Add
			Remove
			D Change
<u></u>			Addi 20 Remove
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	09/03/2019	
(Han e Note:	(optional) Sective date is listed, the date must be specific and cannot be provided and of filling of more than 90 days after filling.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listened to effective date on the Department of State's records.	
	cord specifies a delayed effective date; but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filled.	er of:
Dated	SEPTEMBER 3 2019	
	Signature of a member of authorized representative of a member	
	Y Y	

Page 3 of 3

Filing Fee: \$25.00