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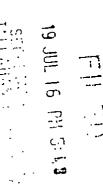
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COVER LETTER

то:	Registration So Division of Cor		•			
SUBJ		ESTMENT GROUP LLC				
.50104	EC.1.	Name of Lin	nited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		ALVARO A. ACEVEDO				
			Name of Person	 _		
		BRICKELL LAW GROU	Р			
Firm/Company						
1395 BRICKELL AVE #900						
		Address				
		MIAMI, FL 33131				
		City/State and Zip Code AL@LAWYERCPA.COM				
		E-mail address: (to be used for future annual report notif	leation)		
For fu	rther information c	concerning this matter, please c	all:			
ALV	ARO A. ACEVED	0	305 517-3457			
	Name o	d'Person		: Telephone Number		
Enclos	sed is a check for th	he following amount:				
■ \$2	25.00 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

SESA INVESTMENT GROUP LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our recommited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Con	mpany were filed on 05/29/2019	and assigned
Florida document number 1.19000143051		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	-1
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	7
		· · · · · · · · · · · · · · · · · · ·
		 C5
B. If amending the registered agent and/or register	red office address on our record	ds, enter the name of the ne
registered agent and/or the new registered office addres	ss here:	
Name of Name Day and Land		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Torida
	City	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALBERTO ZADE	1395 BRICKELL AVENUE, SUITE 900, MIAMI, FL 33131	■ Add
			☐ Remove
			Change
			□ Remove
			Change
			Add
			Remove
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			Remove
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			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

12. 11 411	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	07/12/2019
(If an e <u>Note</u>	tive date, if other than the date of filing: (optional) feetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	107/12/19 . 2019.
	Signature of a member or authorized representative of a member
	ALVARO A. ACEVEDO

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00