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To: Division of Corporations : (850)617-6383 Fax Number From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 : (561)694-8107 Phone 2013 DEC -9 PH 1;: 19 Fax Number : (561)694-1639 rira. \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_\_ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALTINO INVESTMENTS LLC 0 Certificate of Status 0 Certified Copy 03 Page Count \$25.00 Estimated Charge U いり

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALTINO Investments LLC	cosq DEC -9	P 2: 10	
(Name of the Limited Liability Comp	any of it non-mile aft on our i	records.)	
(A LIGHOS TIMHER	Liability Company	rom Sibility	
	a 3 · 1 07/17/2019	EE, FLURIUM	and assigned
The Articles of Organization for this Limited Liability Compant Florida document number L19000175113	y were filed on-	<del></del>	_ and assigned
Florida document number L19000175113			
1 logical document indused			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
At 11 anreading marrey exter the array			
<u> </u>			1 C - 11 T C 1
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the appre	viation C.U.C.
Enter new principal offices address, if applicable:	<del></del>	•	
(Principal office address MUST BE A STREET ADDRESS)			
			··-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del> ~		<u></u>
B. If amending the registered agent and/or registered office	e address on our records,	enter the name	of the new registered
agent and/or the new registered office address here:			
and the second second			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	. addrass	
	Grier Florida Stree	e extens (CDO)	
		, Florida	
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>N</u> ame	Address	Type of Action
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		MIAMI, FL 33137	≣Remove
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ffective date, if other than the date of filing:    (optional)		
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	Saray Djidji, A	Attorney-in-Fact

Filing Fee: \$25.00