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TO:

Registration Section

Division of Corpo	orations		
CARICHER	ON INIVESTMENT IIC		
SUBJECT: CAPICHER		ited Liability Company	
		,,	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	ANDREA ALVARADO)	
		Name of Person	
	OADIOHEDA INIVEOT	NATALT LLO	
	CAPICHERA INVEST	Firm/Company	
		i iiio Oompany	
	656 VERONA PLACE		
		Address	
	WESTON, FLORIDA	33326	
		City/State and Zip Code	
	andreaalvarado@outlo	ak.com	
	 -	to be used for future annual report r	otification)
For further information con	cerning this matter, please ca	all:	
Sebastian Golitz		at (786) 450-757	
Name of P	erson	Area Code Day	time Telephone Number
Enclosed is a check for the	following amount:		
□ \$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)
Registrati	G ADDRESS: ion Section of Corporations 6327	STREET/COU Registration Sec Division of Cor Clifton Building	porations
	ee, FL 32314	2661 Executive	

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

CAPICHERA INVESTMENT, LLC			
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on Plorida document number L19000199664	cles of Organization for this Limited Liability Company were filed on and assigned and assigned		
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 desi	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	<u>7</u> 5		
(Principal office address MUST BE A STREET ADDRESS)			
	57 P		
	Section 1		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	0/0/2:		
	0 A		
B. If amending the registered agent and/or registered office address on o registered agent and/or the new registered office address here:	ur records, enter the name of the new		
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida	street address		
	, Florida		
Ciry	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 cap provisions of all statutes relative to the proper and complete performance of my	pacity. I further agree to comply with the y duties, and I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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

$MGR = M$ $AMBR = A$ \underline{Title}	lanager authorized Member <u>Name</u>	Address	Type of Action
MGR	GIANONNI, FERNANDO M.	656 VERONA PL., WESTON, FL 33326	□ Add
			⊠ Remove
			Change
MGR	GIANNONI, FERNANDO MARIO	656 VERONA PLACE, WESTON, FL 33326	_ Add
			🗖 Remove
			Change
			Add Add Control Remove
		SSEE, FLORIDA	Change PH Add Seemove
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			□ Add □ Remove
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E. Effective date, if other than the date of filing: 08/06/2019 (optional) (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated August 31st , 2019
Signature of a member or authorized representative of a member
ANDREA ALVARADO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00