119000209563

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Investment Funds Enterprise LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Circle Forvester Name of Person	
Investment Funds Enterprise LCC	
20801 Bislayne Blod	
Aventura FL 33180	
City/State and Zip Code Guetoveter 985 Warm. Com E-mail address: (to be used for future annual eport notification)	;~
For further information concerning this matter, please call:	
For further information concerning this matter, please call: Torrester To	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee S4 Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee S4 Certified Copy (certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Investment tune	ds Enterprise LLC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L\9000209563</u>	y were filed on 8 10 019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	1352 W State ld 84 # 107 Dayle FL 33325 address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent: Cra	ce Forrester
New Registered Office Address: 208	Enter Florida dreet address
_ Avec	tura
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>	Name	Address	Type of Action
MUR	Michael Smith	20801 Biscayne Blud	□Add
		aventura FL	Remove
		33180	□Change
MUL	Grace Forester	33180 2080 I BISCOUPLE BL Westura, FL	A Add
		avertura Fi	
		33180	:_ □@hange ¹
		· ·	AM □
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	ursuant to 605.020 Il not be listed c
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The d is filed.	Oth day after the
ared October 7 2021.	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00