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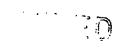
TO:

Registration Section

Division of C	Corporations		
AAA HO	OFFMAN INVESTMENTS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	THOMAS J HOFFMAN		
		Name of Person	
	AAA HOFFMAN INVES	TMENTS, LLC	
		Firm/Company	
	1711 SW 83RD AVE		
		Address	
	MIAMI, FL 33155		
		City/State and Zip Code	***************************************
	hoffmanrealestate@yahoo.t	com to be used for future annual report notif	ication)
For further information	concerning this matter, please c		
THOMAS J HOFFMA	N	786 863-7000	
	of Person	at () Area Code Daytime	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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)



AAA HOFFMAN INVESTMENTS, LLC

2019 DEC 23 PH 5: 06

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.

Cirv

Enter Florida street address

, Florida

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>Name</u>	Address	Type of Action
AMBR	Thomas J Hoffman	1711 SW 83RD AVE	
		MIAMI, FL 33155	·· ·
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	ive date, if other than the date of filing: (optional)
ffect	ective 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
an eff	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
an eff <u>ote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ient's effective date on the Department of State's records.
an eil l <u>ote:</u> ocum	ent's effective date on the Department of State's records.
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an efficience ocum recor l is fi	d 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 led.

Filing Fee: \$25.00