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TO: Registration Sect Division of Corpo			
SUBJECT:	Atix Investme	ents LLC	•
SUBJECT:		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Jaime Parlade	
		Name of Person	
	Park	ade Schaefer & Scho	rtz
		Firm/Company	
	597.	5 Sunset Drive Suite	802
		Address	
	Sou	uh Miami, Fl 33143	
		h Miami, Fl 33143 City/State and Zip Code	
	Jain	ne@psscpas.com	
		to be used for future annual	report notification)
	ncerning this matter, please o	all:	
Jaime Parlade		at (305)	670-0400
Name of I	Person	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 en	Certificate of Status &
Mailing Address:		Street A	
Registration Se Division of Co		-	ration Section on of Corporations
P.O. Box 6327	, '	=	entre of Tallahassee
Tallahassee, Fl	1. 32314		N. Monroe Street, Suite 810 assee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Atix Investments LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 03/02/20 The Articles of Organization for this Limited Liability Company were filed on and assigne L20000044008 Florida document number 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 designation "LLC" or the abbreviation "L.L.C." 1521 Alton Road Unit 197 Enter new principal offices address, if applicable: Miami Beach Fl 33139 (Principal office address MUST BE A STREET ADDRESS) 1521 Alton Road Unit 197 Enter new mailing address, if applicable: Miami Beach Fl 33139 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new reg agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 will 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 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.

' or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>T</u>	vpe of A
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		Miami Beach Fl 33139		≣ Remov∈
				□Change
MGR	Wendy Silva	1521 Alton Road Unit 197		≣Add
		Miami Beach Fl 33139	2020	□Remove
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