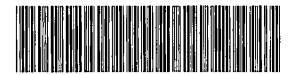
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COVER LETTER

TO:

Registration Section

Division of Corporations	,
ED&MUNVESTMENTS LLC	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amendment and fo	ets) are submitted for filing
	•
Please return all correspondence concerning	this matter to the following:
	Luzmila Carrampama
 	Name of Person
	Fire/Company
	· and contiputing
1649	Birdie Dr.
	Address
k 1/2.	100 51 34170
	City/State and Zip Code
	City/State and Zip Code Chaliffe Cuks Dama: 1.00 City/State and Zip Code Land 1: Chaliffe Communication of the
E-mg	iii address: (to be used for future annual report notification)
For further information concerning this matte	er, please call:
Wirms of Penson	at (235) 440 - 46 35 Area Code Daytime Telephone Number
Name of Ferson	Area Code Daytime Telephone Number
Enclosed is a check for the following amount	ı:
S25.00 Filing Fee ☐ \$30.00 Filing Certificate of	
	(additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

En 2 MAT T	Linus Sin	16 hii 9: 54
(Name of the Limited Liability (A Florida Li	Company as it now appear imited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Con	npany were filed on	3/2/2020 and assigned
Florida document number	594	1 (
This amendment is submitted to amend the following:		
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 "L.L.C." or the abbreviation "L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered tent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
The new name must be distinguishable and contain the words "Limited	d Liability Company." the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our re	cords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
		, 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 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 222 Straff Air S	Type of Action
MGR	Edwin Cairampoma	ame address	
			□Remove
			□Change
AMBR	Luzmila Cairampoma	Some address	⁻ .Add
			□Remove
			□Add
			Remove
		□Change	
			[][Add
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Fan effectiv <mark>Note:</mark> If the	date, if other than the date of filing:	o 605,0207 (listed as t
record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
Dated	September 8th. 2020 Chraila Carrayou Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	_
	Typed or printed name of signee	

.

Filing Fee: \$25.00