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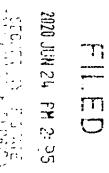
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PICK-UP	☐ WAIT	MAIL
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D. BRUCE AUG 10 2020

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FILVEL Invastment Group 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:		
Lyneth Villasuso Name of Person		
Firm/Company		
9793 SW 159th Are Address		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	2020 JUN 24	77
For further information concerning this matter, please call:		77
Lynette VillaSuso at (30°) 850-8202 Name of Person Area Code Daytime Telephone Number	FN 2: 35	
Enclosed is a check for the following amount:	-	
(additional copy is enclosed) Certified (e of Status &	
Mailing Address: Registration Section Registration Section		

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 OF

(Name of the Limi	Thulsty ted Liability Company (A Florida Limited Lia	new Enroup as it now appears on our re bility Company)	LLC ecords.)		
The Articles of Organization for this Limited L		ere filed on <u>Mar</u>	1, 803	<u>ಟ್</u> and assig	gned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabili	ty company here:			
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the designation	"LLC" or the ab	breviation "L.L.	.c."
Enter new principal offices address, if applic	cable:			<u> </u>	
(Principal office address MUST BE A STREE	ET ADDRESS)			(6)	
	-			E	4 à
				, t	,
Enter new mailing address, if applicable:	_			<u>, 79</u>	111
(Mailing address MAY BE A POST OFFICE	BOX)			رب رب	No.
				() ()	
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office add ss here:	tress on our records, en	nter the name	e of the new	<u>registered</u>
Name of New Registered Agent:	Lynette	Villasuso	(Pas	AMBR	Tan
New Registered Office Address:	9793 Sw	Enter Florida street ad	du	owur	<u> </u>
	Mian	City	, Florida	3319 W	,
New Registered Agent's Signature if shoreing T	D				

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>	<u>Name</u>	Address	Type of Action
AMBR	Lyneth Villasus	100 9793 BW 159 Ave Juan Pl 3319 Le	🗀 Add
		frain Pl 3319 Le	□Remove
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	I pic	ned Ap by mistake	□Add
			□ Remove
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	ate, if other than	must be specifie s block does no	and cannot be proof meet the app	plicable statuto	ing or more than ry filing requir	(option 90 days after fil rements, this d	ing.) Pursu	ant to 605 ot be list	5.0207 ed as i
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Filing Fee: \$25.00