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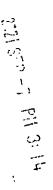
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☐ PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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Office Use Only



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9/17/18

COVER LETTER

Registration Section Division of Corporations

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FAIT USA UBJECT:	LLC	4	
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	indence concerning this matter	to the following:	
	Alvaro Ortega		
		Name of Person	
	FAIT USA LLC		
		Firm/Company	
	8208 NW 30th Terrace		
		Address	
	Miami, FL 33122		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	alvaro.ortega@atlantic-bear	ing.com	
	E-mail address: (to be used for future annual report noti	fication)
or further information c	oncerning this matter, please ca	all:	
Gonzalo Pardo de Zela		305 308 0738	
Name o	f Person	Area Code Daytim	e Telephone Number
inclosed is a check for th	ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632		The Centre of T	
Tallahassee,	LL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAIT USA LLC

(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on July 8, 2020	and assigned
Florida document number L20000194795	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
IQ INVESTIO LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records, enter the name	of the new registered
igent and/or the new registered office address here:		
		_
Name of New Registered Agent:		
New Registered Office Address:		-
	Enter Florida street address] _ :
	, Florida	Zip Code
	City	Zip Code ယှ
lew Registered Agent's Signature, if changing Registered		=
hereby accept the appointment as registered agent a rovisions of all statutes relative to the proper and coccept the obligations of my position as registered age eing filed to merely reflect a change in the registered	mplete performance of my duties, and I am fa ent as provided for in Chapter 605, F.S. Or, i	miliar with and f this document is
ompany 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>Γitle</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Remove
		····	☐ Change
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	<u></u>		
			□Remove
			ClChange
			□ Add
			□Remove
			Change

<u> </u>	
ffective date, if other than the dat in effective date is listed, the date must be a lote: If the date inserted in this block a ocument's effective date on the Depar	to of filing: specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 does not meet the applicable statutory filing requirements, this date will not be listed truent of State's records.
	its, but not on effective time, at 12:01 a.m. on the certier of: (b) The 90th day after the
	2021
Pated August 28	
August 28	
vated	mature of a member or authorized representative of a member
vated	

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