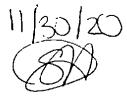
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(Requestor's Name)			
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COVER LETTER

то:	Registration Se Division of Cor	ction porations	
oun m		STMENT GROUP LLC	•
SUBJE	CI:	Name of Lim	nited Liability Company
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please re	eturn all correspo	ondence concerning this matter	to the following:
		ISRAEL VILLANUEVA	
			Name of Person
		IVL INVESTMENT GRO	OUP LLC
			Firm/Company
		1500 SW 126TH Pl.	
			Address
		MIAMI, FL 33184	
			City/State and Zip Code
		JAVIERC@JCMCORPOR	(to be used for future annual report notification)
For furth	her information c	n-man address: (oncerning this matter, please c	
JAVIER CARBALLO			786 327-8283
	Name o	f Person	Area Code Daytime Telephone Number
Enclose	d is a check for th	ne following amount:	
≘ \$ 25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section			Street Address: Registration Section
Division of Corporations			Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IVL INVESTMENT GROUP LLC	omnant as it now appears on our I	ecords)
(A Florida Lin	ompany as it now appears on our r nited Liability Company)	ecorus.
The Articles of Organization for this Limited Liability Com Florida document number L20000222782	pany were filed on 7/27/2020	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	TOTAL OC
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		*
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	fice address on our records, g	enter the name of the new register
Name of New Payietared Agants		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	address
		_, Florida
	Ciţy	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ISRAEL VILLANUEVA JR	1500 SW 126TH PL	
		MIAMI, FL 33184	Rentroke P
			☐ Change
MGR	ANA GLORIA CAMPOS	1500 SW 126TH PL	
		MIAMI, FL 33184	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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f an effec Note: H	ve date, if other than the date of filing:	5.0207 ted as
d is file		er the
Dated _	10/1/20.	
	$\mathcal{A}^{P}(\mathcal{A}_{p})$	
	Signature of a metabor of authorized representative of a member	

Filing Fee: \$25.00