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(Req	uestor's Name)	
(Addi	ress)	
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(City/	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to F	iling Officer:	

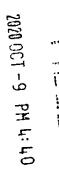
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COVER LETTER

	Registration Solivision of Col							
CIUD IEC		VESTMENTS LLC	ESTMENTS LLC , '					
SUBJEC	1.	Name of Lim	ited Liability Company	·				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please ret	urn all correspo	ondence concerning this matter	to the following:					
		GUSTAVO GARCIA DE	OLIVEIRA					
			Name of Person					
		DEED INVESTMENTS L	I.C					
			Firm/Company					
		7275 SW 90TH WAY. AI	PT 512					
			Address					
		MIAMI, FL 33156						
			City/State and Zip Code					
		gustavosg_garcia@hotmail.						
		E-mail address: (to be used for future annual report no	tification)				
For furthe	r information o	concerning this matter, please co	all:					
GUSTAV	70 GARCIA D	E OLIVEIRA	786 216-5559					
	Name o	of Person		me Telephone Number				
Enclosed	is a check for t	he following amount:						
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address:		Street Address:						
Registration Section Division of Corporations			Registration Se					
	P.O. Box 632	-		Division of Corporations The Centre of Tallahassee				
	Γallahassee,		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEED INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	bility Company w	ere filed on	SEPTEMBER 10, 2	and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)					
A. If amending name, enter the new name of t	he limited liabili	ty company	here:		
N/A					
The new name must be distinguishable and contain the work	ds "Limited Liability	Company," th	e designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	ble:	N/A			
(Principal office address MUST BE A STREET	ADDRESS)				
			· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE BO	<u>ox)</u>			······································	
				· · · · · · · · · · · · · · · · · · ·	
		dress on ou	r records, <u>enter the</u>	name of the new registered	
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
	Enter Florida street address				
			, Floric	da	
		Ciţy		Zip Code	
New Registered Agent's Signature, if changing Re-	gistered 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
MGR	GUSTAVO GARCIA DE OLIVER	7275 SW 90TH WAY. APT 512, MIAMI, FL 33156	= Add
			□Remove
			□Change
			🗆 🗖 🗘 dd
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N/A									
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effectiv	e date is listed, the da	ite must be spe	cific and car	nnot be prior	to date of filir		90 days after fi	ling.) Pursuant to	
<u>te:</u> If th :ument`:	ie date inserted in t s effective date on	the Departm	es not mee ent of State	t the applic	able statutor	y filing requi	rements, this o	late will not be	listed
cord en	ecifies a delayed et	ffective date	hut not an	effective t	me at 12:01	am on the s	parlier of: (b)	The O0th day	atter th
s filed.	cerries a derayed er	neenve date,	out not an	CITCUIVE	me, at 12.01	a.m. on the t	arner or. (0)	The sources a	arier ui
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Typed or printed name of signee