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Division of Cor	porations				
SUBJECT:	LAFITA INVI	ESTMENT GROUP LLC			
JOBSEC 1	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	А	GUSTIN M. BARBARA, ESQ.			
		Name of Person			
		SMITH/BARBARA			
		Firm/Company			
	515 EAST I	AS OLAS BOULEVARD, SUITH	: 120		
		Address			
	FORT	LAUDERDALE, FLORIDA 3330) 1		
		City/State and Zip Code			
		JSTIN@SMITHBARBARA.COM			
Con Continue in Commention		to be used for future annual report not	ification)		
ror turther information c	oncerning this matter, please c	au:			
Agustin M	, Barbara, Esq.	954 710-0116 at ()			
Name o	f Person		ie Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 632		The Centre of T	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

TO:

Registration Section

TO ARTICLES OF ORGANIZATION **OF**

FILED

If amending name, enter the new name of the limited liability company here: IAFITA INVESTMENT GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street caldress City Zip Code	LAFTTA INVESTM		20	20 DEC 28	PM 2: U4
be Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Liability Compa	iny as it now apper	irs on our recor	<u>ds.</u>)	
this amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: IAFITA INVESTMENT GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC". 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 and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Lipicode Zip Code	17A F RANGA EZIBIRCO I	таотту Сотрану)			GF STATE
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on Unictored Agant's Kinnstons if shanning Desistand Agant-	Sew 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee