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(Gr.) Francis Ziph Hone II)
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COVER LETTER

TO: Registration So Division of Con				
SUBJECT:	(AS+ INVES+ Name of Lim	ment GROUF ited Liability Company	LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kimik	A- CARBY Name of Person		
	KASTIN	Vestment (ROUP LLC	
	570/ Bi	ISCAYNE Blud	_MIAMITEC33137 #202	
	MIAMI KASTINVE E-mail address: (FL 3313- City/State and Zip Code SHMENT1 E GW to be used for future annual report noti	7- 1-Ail. Com fication)	
For further information of	concerning this matter, please c	all:		
Kimika Name o	- CARby of Person	at (<u>305</u>) <u>815</u> Area Code Daytim	5048 e Telephone Number	
Enclosed is a check for t	he following amount:		7021 API	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy enclosed)	
			·. =	
Mailing Address:		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	•	The Centre of T		
Tallahassee,			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tment GROUP LLC
ty Company as it now appears on our records.) a Limited Liability Company)
Company were filed on $\frac{1/8/2021}{}$ and assigned $-$
ited liability company here:
nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
5701 BISCAYNE BIVO MIAMIFE 33137
5701 BISCAYNE BIVD MIAMI, FL 33137
d office address on our records, <u>enter the name of the new registered</u>
KimiKA CARby
5701 BISCAYNE BIVO Enter Florida street address
1) AM Florida 33137 Zip Code
ed Agent:
and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability

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	Andre CHIN	4185NW 115+hWAY SUNRISE, FL 33323	□ Add
			DRemove
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ective date, if other t	than the date of fili	ng:		(optio	nal)
effective date is listed, the effective date inserted	in this block does not	meet the applical	date of filing or mor ble statutory filing	e than 90 days after t requirements, this	iling.) Pursuant to 605.0 date will not be listed
ument's effective date	on the Department of	State's records.			
cord specifies a delaye	d effective date, but n	ot an effective tim	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day after t
stiled. APYII	,9th				~ O
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