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COVER LETTER

| TO: Registration Se Division of Cor | porations | | |
|--|--|----------------------------|---|
| SUBJECT: | ALOHON IN | WESTMENTS | LLC |
| | Name | of Limited Liability Compa | pany |
| | | | |
| The enclosed Articles of | Amendment and fee(s) | are submitted for filing. | |
| Please return all correspo | ndence concerning this | matter to the following: | |
| | SALO | HON, JUAN | MANUEL |
| | | rune or rec | 3011 |
| | SALC | MON INVEST | AENTS LLC |
| | | | |
| | 3940 | a Atp hun | HE. 245 |
| | | Address | |
| | Do | DRAL, Flori | 0A , 33166 |
| | | City/State and Zip | ip Code |
| | JUAN SAL E-mail ad | OHON CRUZ C | PROTONHAIL COM e annual report notification) |
| For further information co | | | • |
| H HAUL | SALOMON | at (786 | Davime Telephone Number |
| Name of | l Person | Area Co | ode Daytime Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| S \$25.00 Filing Fee | ☐ \$30.00 Filing Fee Certificate of Sta | atus Certified C | |
| Mailing Address | | | treet Address: |
| Registration S Division of C | | | Registration Section Division of Corporations |
| D O D (22 | = | | Ch. C. war a C.T. Halangan |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALOMON INVESTMENTS LLC 21 AUG 16 PH 3: 26

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

| The Articles of Organization for this Limited Liability Company Florida document number <u>L2 100029 4058</u> | were filed on06 - 2\ | and assigned | |
|--|--------------------------------------|-----------------------------------|--|
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | | |
| The new name must be distinguishable and contain the words "Limited Liability and Contain the Words "Liability and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Wor | ity Company," the designation "LI | .C" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>ente</u> | er the name of the new registered | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agre | lphae to act in this capacity. I : | further agree to comply with the | |

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

| $\mathbf{AMBR} = A$ | Authorized Member | and the second second | |
|---------------------|-------------------|---|----------------|
| <u>Title</u> | <u>Name</u> | Address Ph 3: 26 | Type of Action |
| AMBR | JUAN M. SALOMON | Address 3940 NW 79TH A LAPT 245 DORAL, FL 33166 | = Add |
| | | JUAN MANUEL J. SR. SALOMON | Remove |
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| D. If amending any other informatio | - | | necessary.) |
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| to remove t | he existing i | UGR NAME | 18 74 4.186 |
| MANUEL J. SR One "AMBR | . SALOMON" an | d add The | conect |
| one "AMBR | " YUAN H. | SALOHON". | |
| | | | |
| | 15 incorrect | in the Title | e and |
| name spelling | MISTAKES. | | |
| Thanks | | | |
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| E. Effective date, if other than the da (If an effective date is listed, the date must be <u>Note</u> : If the date inserted in this block document's effective date on the Depa | specific and cannot be prior to date does not meet the applicable s | of filing or more than 90 days | optional) after filing.) Pursuant to 605.0207 (2), this date will not be listed as the |
| If the record specifies a delayed effective deceared is filed. | ate, but not an effective time, a | t 12:01 a.m. on the earlier o | if: (b) The 90th day after the |
| Dated 08 - 13 | . 21 | mann 30 | |
| Sig | nature of a member or authorized | representative of a member | |
| LOAM | 1 M. SALONO | N | |
| | Typed or printed nam | ne of signee | |