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COVER LETTER

TO:

Registration Section Division of Corporations

	MANAGEMENT LLC		
SUBJECT:	Name of Lim	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:	
	Naccache Paul		
	<u></u>	Name of Person	
	75INVEST MANAGEME	ENT LEC	
		Firm/Company	3/1
	2750 NE 185th Street, Sui	te 303	
		Address	
	Aventura, Florida, 33180		
		City/State and Zip Code	
	p.naccache@75invest.com		
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
Alena Antonovich		305 904-0907	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section corporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassec, FL	oorations iHahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

75INVEST MANAGEMENT LLC

(<u>Name of the Limited Li</u> (A FI	ability Company as it now appears on our a orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabili	ty Company were filed on $\frac{3/30/2022}{}$	and assigned
Florida document number 1.22000130826	·	
This amendment is submitted to amend the following	តិ:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLU" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, <u>c</u>	Properties the name of the pow registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	iddress
_	City	_, Florida Zip Code
New Registered Agent's Signature, if changing Regist	·	··· ,
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	id complete performance of my dution dagent as provided for in Chapter (tered office address, I hereby confir	es, and I am familiar with and 605, F.S. Or, if this document is

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	Paul Naccache	2750 NE 185 Street, Suite 303	□Add
		Aventura, FL 33180	■Remove
			□Change
AMBR	Paul Naceache	2750 NE 185 Street, Suite 303	■Add
		Aventura, FL 33180	□Remove
			□Change
			□Add
			[]Remove
		 	□Change
			□Add
		- , - "	□Remove
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			□Remove
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Filing Fee: \$25.00