Florida Department of State Division of State Div

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	Division of Corporations Fax Number : (850)617-6383		
	(030)01/-0303		
rom:	Assessed N		
	Account Name : SORSHER & ASSOCIATES, Account Number : 120170000056	LLC.	
	Phone : (954)842-2931		
	Fax Number : (954)842-2936		
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COVER LETTER

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300000	-1· _	•	Name of Lin	nited Liability Company			
The enclo	osed /	Articles of ,	Amendment and fee(s) are sub	omitted for filing.			
Please re	tum a	Il correspo	ndence concerning this matter	to the following:			
			Sherman, Julian				
				Name of Person		<u>-</u>	
			1738 INVESTMENT GR	OUP, L.L.C.			
				Firm/Company			
			1362 HARBOR VIEW W				
				Address			
			HOLLYWOOD, FL 3301	9			
				City/State and Zip Cod	ie		
			juliansherm@gmail.com	to be used for future annu-	7		
For furthe	er info	ormation co	oncerning this matter, please co		ai iepon nouncai	101)	
Julian St	herma	ın			475-5584		
		Name of	Person	at () _ Area Code	Daytime Te	lephone Number	
Enclosed	is a c	heck for the	following amount:				
■ \$25.0	00 Fili	ng Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is ea		☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is ea	itus &
F E F	Regis Divis P.O. 1	ng Address stration Section of Co Box 6327 hassee, F	ection orporations	Regist Division The Co 2415 N	Address: tration Section on of Corport entre of Talla N. Monroe St lassee, FL 32:	ations shassee reet, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1738 INVESTMENT GROUP, L.L.C. (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 were filed on 07/05/2022 _ and assigned Florida document number L22000298169 This amendment is submitted to amend the following: 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 "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address New 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

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

Title	Name	Address	Type of Action
AMBR	JANG, MATHIEU	9180 DIAMOND RD	□Add
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record specifies a delaye d is filed.	d effective date, but	t not an effective t	iime, at 12:01 a.m	o. on the earlier of: (b)	The 90th day after the
		2022			
Dated			_ _		
Oated	Que	ian Sherman			
Oated	Sign sture	ian Sharman of a member or auth	orized representati	ve of a member	

Filing Fee: \$25.00