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COVER LETTER

TO:

Registration Section

Division of Corporations			
	MAUFER D	NVESTMENTS LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of Amendmen	and fee(s) are sub	omitted for filing.	
Please return all correspondence con	cerning this matter	r to the following:	
		Maria Laura Mauri	
	-	Name of Person	
	MA	AUFER INVESTMENTS LLC	
		Firm/Company	
		7550 Loch Ness Dr	
	<u> </u>	Address	
		Miami Lakes FL 33014	
		City/State and Zip Code	
		azerpa@codeconsulting.us	
		(to be used for future annual report)	notification)
For further information concerning the	his matter, please c	all:	
Antonio Zerpa		305	600-4329
Name of Person		Area Code Day	time Telephone Number
Enclosed is a check for the following	amount:		
<u>-</u>	Filing Fee & ficate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address	
Registration Section		Registration	Section
Division of Corporation P.O. Box 6327	1S	Division of C The Centre o	f Tallahassee
Tallahassee, FL 32314		2415 N. Mor	roe Street, Suite 810
		Tallahassee,	FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAUFER INVESTMENTS LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appear ability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on	September 09, 20:	22 and as:	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the d	esignation "LLC" or the	e abbreviation "L	.IC.''
Enter new principal offices address, if applicable:	7550 Loc	h Ness Dr, Miami L	akes FL 33014	
(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 adapted and/or the new registered office address here: Name of New Registered Agent:		ch Ness Dr, Miami L		w register
New Registered Office Address:	Enter Flori	da street address	T. 2	
		, Florida	822 (SEC.	
New Registered Agent's Signature, if changing Registered Agent:	City	· · · · · · · · · · · · · · · · · · ·	Zip Code	i.
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		my duties, and Lai		hand

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
AMBR	Laura N	lauri 	2598 E Sunrise Blvd, Suite 2104	
			Fort Lauderdale, FL 33304 US	=Remove
				□Change
AMBR	Maria Laura	Mauri	7550 Loch Ness Dr, Miami Lakes FL 33014 US	■Add
				□Remove
				□Change
				□Add
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				□ Add
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				□Add
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If an effective date is Note: If the date i		exific and cannot be prior to date of filing or more than 90 days after file ses not meet the applicable statutory filing requirements, this d	ing.) Pursuant to 605.0207
e record specifies a rd is filed.	i delayed effective date.	, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
D-4- J	October 7	2(122)	
Dated			
		11/1/20	
	Signat	ture of a member or authorized representative of a member	
		Laura Mauri	