L16000164252

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
RECEIVED ***********************************				

Office Use Only



300300695433

97/06/17--01002--004 **25.00

17 AUG 14 AM 11:49

AUG 1 5 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2017

THAMARA PEREZ 419 W 49TH ST STE 111 HIALEAH, FL 33012

SUBJECT: CARLYLE 6F INVESTMENT LLC

Ref. Number: L16000164252

We have received your document for CARLYLE 6F INVESTMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not begin filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 217A00015329

ARTICLES OF MENDMENT TO ARTICLES OF ORGANIZATION OF

CARLYLE 6F INVESTMENT LLC

(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 $\frac{09/01/2016}{1}$ and assigned Florida document number $\underline{L16000164252}$ 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 "LLC." 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 ie new registered agent and/or the new registered office address here: THAMARA PEREZ Name of New Registered Agent: 419 W 49TH ST, STE.111 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.

City

HIALEAH

If Changing Registered Agent, Signature of New Registered Agen

Florida

Page I of 3

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>	<u>Address</u>	Type of Action
MGR	William Zalaquett	690 Lincoln Rd Suite 300	■ Add
		Miami Beach FL 33139	□ Remove
			□ Change
			
			Remove
			Change
_			
			Re ve
			A
			7 ABB 1 to em Hange
			Thange 2
			Add
			□ Remove
			□ Add
			□ Remove
			☐ Change

). If amen	nding any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)		
		 -		
_				
_				
_				
-				
_				
_		- –		
_				
_		· ·		
_			77	
_		7	AUS	-
		2 SS 2 S	411 S/114	
		ر الناء بالناء	A	: 7
Note: 1	te date, if other than the date of filing:	ial) Sing Pursua late will no		.0207 (3) ed as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.i 90th day after the record is filed.	m. on th	earlie	er of:
Dated _	uly 3 2017 Leixeld			
	Signature of a member or authorized representative of a member			
	Freddy Berger Neroda (
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00