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COVER LETTER

TO:	Registration, Se Division of Cor	ction , porations		
elibi		EDER INVESTMENT LLC		
SOBI	ЕСТ:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ARIEL FURMAN		
			Name of Person	7-1
		KAPITAL GROUP LLC		
			Firm/Company	
		1882 TYLER ST		
			Address	
		HOLLYWOOD, FL 33020)	
			City/State and Zip Code	
		AFURMAN@KAPITALGI		
For fu	rther information co	E-mail address: (i oncerning this matter, please ca	to be used for future annual report notifi all:	cation)
ARIE	L FURMAN		305 4503814 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
a \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company were filed on 01/15/2016		and assigned
Florida document number L16000002969		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	
Enter new principal offices address, if applicable:		20 53
(Principal office address MUST BE A STREET ADDRESS)		The second secon
		CONTRACTOR OF THE PARTY OF THE
Enter new mailing address, if applicable:		<u>ြို့ ဟု</u> 25 မ
Mailing address MAY BE A POST OFFICE BOX)		37
B. If amending the registered agent and/or registered		s, enter the name of the
registered agent and/or the new registered office address he	e <u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
	, Fl	lorida
	City	Zip Code

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
AMRR =	Authorized Membe

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		HOLLYWOOD, FL 33020	□ Remove
			Change
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Filing Fee: \$25.00