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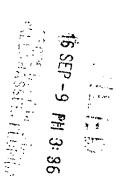
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COVER LETTER

то:	Registra Division				
CUBIE			TMENT PROPERTIES LLC		
SUBJE	C1;		Name of Lim	ited Liability Company	
The encl	losed Artic	cles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all co	orrespond	dence concerning this matter	to the following:	
			FRANTZ MONFISTON		
				Name of Person	
			EDC INVESTMENT PRO	PPERTIES LLC	
				Firm/Company	
			1200 NW 125 ST		
				Address	
			MIAMI, FL 33167		
				City/State and Zip Code	
			rflaire@gmail.com		
			E-mail address: (to be used for future annual report notifi	cation)
For furth	ner inform	ation con	cerning this matter, please ca	all:	
FRANT	Z MONF	ISTON		954 225-4345 at ()	
		Name of P	Person .	Area Code Daytime	Telephone Number
	1				
Enclosed	is a chec	k for the	following amount:	•	
\$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

EDC INVESTMENT PROPERTIES LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on $\frac{08/15/2016}{}$ and ass	igned
Florida document number L16000151719	 -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	
	<u> </u>	<u></u>
		5
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		* 4
	<u> </u>	7.0 mm
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office address on our records, enter the name dress here:	of the ne
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Florida	
	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FRANTZ MONFISTON	1200 NW 125 ST,	Add
		MIAMI, FL 33167	Remove
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fective date, if other than to an effective date is listed, the date is	nust be specific a	and cannot be prio	r to date of filing	or more than 90 day	's after filing.) P	'ursuant to	605.020
ote: If the date inserted in this ocument's effective date on the	block does not	t meet the appli-	cable statutory	filing requirement	ts, this date wi	ill not be	listed a
cument s effective date on the	Department of	i State s records	•	•			
record specifies a delay The 90th day after the r			ot an effecti	e time, at 12	:01 a.m. or	1 the ea	arlier (
September 6		2016	;		_	7	
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Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00