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## **COVER LETTER**

SUBJECT: Custom Investments LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Melanie M Flow Name of Person
Custom Investments LLC
4166 S. Military Trail
City/State and Zip Code  mi 2 flow @ yahoo. Com  E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Melanie M Flaw at (917) 514-1140  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\square \\$\psi_ \\$25.00 \text{ Filing Fee} \Bigsi \\$30.00 \text{ Filing Fee} \Bigsi \Bigsi \\$55.00 \text{ Filing Fee} \Bigsi \Bigsi \\$60.00 \text{ Filing Fee},
\$25.00 Filing Fee \$\Bigsquare \\$30.00 Filing Fee \& \Bigsquare \Bigsquare \\$55.00 Filing Fee \& \Bigsquare \Bigsquare \\$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

TO:

Registration Section Division of Corporations

## 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

Custom Investments	LLC
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on _ Florida document number $\underline{L030000293}$	1/24/2003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "Ico.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Wastle FI JESTICS
Trincipul office uduress MUST BE A STREET ADDRESS	WOV 107 1 2 3 7 6 3
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 or registered agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent: Harold E	Volfe JR
New Registered Office Address: 2300 Palm F	Seach Lakes Blvd 302
West-Palm B	22ch, Florida 33469 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 provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in a being filed to merely reflect a change in the registered office address. I here company has been notified in writing of this change.	My duties, and I am familiar with and Chapter 605, F.S. Or, if this document is

Page 1 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 Title Name Address Type of Action MGR Melanie M. Flow 4166 S. Military Trail XAdd Lake Worth FL 33463 - Remove ☐ Change AMBR Connie Flow 919 N. Atlantic DR. DAN Lantana FL 33462 Remove ☐ Change MGR Ray Flow 919 N. Atlantic DR. DAdd Lantana FL 33462 Remove ☐ Change AMBR Melanie Flow 919 N. Atlantic DR DANG Lantana FL 33462 KREMOVE 137 hange □ Add ☐ Remove

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(If an eff <u>Note:</u>	ive date, if other than the date of filing:    S
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	$\frac{8/1/2018}{2018}$
	Signature of a member or authorized representative of a member
	Melanje M. Flow Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00