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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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TO:

Registration Section

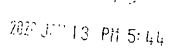
Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: CHOI	CE TNYESIMENT Name of Lim	ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	GAMY L. BA	Name of Person	
		Name of Person	
	CHOICE INVE	Firm-Company	<u> </u>
	P.O. Box 550	638 Address	Diec-
	94. Landerdole	FL 33355 City/State and Zip Code	
		MENISE 6MAIL.	
For further information e	oncerning this matter, please ca	all:	
bary Bao,	ゴル f Person	at (<u>45 F.) 25 3</u> Area Code Daytin	H 5 6 7 ne Telephone Number
Enclosed is a check for the	ne following amount:		
TL825.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration So	ection
Division of C	orporations	Division of Co The Centre of	orporations
P.O. Box 632	. 1	rne Centre of	r arranassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CHOICE INVESTMENTS Company as it now appears on our records.)

CAT WHICH PARTIES TO	acomy Company
The Articles of Organization for this Limited Liability Company v Florida document number $\underline{L040000}$ 22607 .	were filed on MACH 24, 2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 BON)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
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.

Cirv

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
MBR	GARY L. BROWN	P.O. Box 557638	Indú
		Ft. Landedole, Fl 33355	ERemove
			Change
MPY	JOHNNA LEVIN	P.D. Bix 550638	&Add
		Ft. Landerdale, FL 33355	• □Remove
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an effect ote: If	date, if other than ive date is listed, the date the date inserted in thit's effective date on the	must be specific nois block does not	nd cannot be pri meet the app	licable statutory	or more than 90 days	optional) after filing.) Pursua s, this date will no	nt to 605,020' t be listed as
record s Lis tiled	pecifies a delayed effe	ective date, but no	ot an effective	time, at 12:04 a	.m. on the earlier c	of: (b) The 90th (lay after the
ated	December 2	<u>4</u>	. 201	9 A. 6	ca HDs-	7.5	
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Filing Fee: \$25.00