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AUG 3 0 2018 S. YOUNG

COVER LETTER

CUDIECT.	L3 INVEST	LLC	· .	
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter to	o the following:	
		Thimo Rohland		
			Name of Person	
		Manatee Consulting Inc		
			Firm/Company	
		21740 S Tamiami Trl, Sui	ite 112	
		Estera El 22029	Address	
		Estero, FL 33928		
			City/State and Zip Code	
		E-mail address: (to	be used for future annual report notificat	ion)
For further i	nformation cor	ncerning this matter, please cal	N:	
Thimo Roh	land		239 278-1452 at ()	
	Name of I	Person	Area Code Daytime Te	lephone Number
Enclosed is a	a check for the	following amount:		
■ \$25.00 F	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

TO:

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 L	iability Company	were filed on	07/08/2005	and assigned
Florida document number L05000067154	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company	<u>v here</u> :	
The new name must be distinguishable and contain the v	words "Limited Liab	ility Company," t	he designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		<u>.</u>	
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	'ROX			
Committee of the control of the cont				
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	ffice address her			nter the name of the new
New Registered Office Address:	21740 0 1411		Florida street address	
	Estero		, Florid	a <u>33928</u>
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent	1		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	e performance provided for t	of my duties, and I in Chapter 605, F.S.	am familiar with and . Or, if this document is
	If Cha	nging Registered	d Agent, <u>Signature of No</u>	ew 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

MGRM Zellner, Juergen 4344 SW 1ST PL Add	<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Add Cape Coral Remove Remove	MCDM	Zellner, Juergen	4344 SW 1ST PL	
FL 33914 Change Add Cape Coral Remove Remove Change Remove Remove				
MGRM			Cape Coral	
MGRM Zellner, Anita 4344 SW 1ST PL				Remove
MGRM Zellner, Anita 4344 SW 1ST PL			FL 33914	
Add Cape Coral Remove Remove Add Change Add Remove Add Add				Change
Cape Coral Remove FL 33914 Change Add Remove Add Remove Change Change	MCDM	Zellner, Anita	4344 SW 1ST PL	
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Defective date.	t be specific and cannot be pock does not meet the ap	plicable statutory filing requ		
e record specifies a delayed The 90th day after the rec	l effective date, but ord is filed.	not an effective time,	at 12:01 a.m. on the ea	rlier of
Pated August 23	, 2018	TIM		
	1=12	1 ///		
	Signature of a member of a	· / A - 1:- /		-

Page 3 of 3

Filing Fee: \$25.00