## L07000018924

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	<del>=</del> #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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## **COVER LETTER**

Division of Cor	porations				
CUDIFCT.	LHPI	NVESTMENT, LLC			
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
		MIA M. SINGH			
		Name of Person			
	CORPOR	ATE ESSENTIALS LAW	GROUP, P.A.		
Firm/Company					
1792 BELL TOWER LANE					
	Address				
	\	WESTON, FLORIDA 33320	6		
		City/State and Zip Code			
	•	CORPORATEESSENTIAL			
	E-mail address: (1	to be used for future annual rep	ort notification)		
For further information of	concerning this matter, please ca	all:			
MIA M. SINGH		954 at ()	284-4511		
Name o	of Person	Arca Code	Daytime Telephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &		

MAILING ADDRESS:

TO:

**Registration Section** 

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 Lim	ited Liability Compa (A Florida Limited	any as it now appear Liability Company)	rs on our records.)		
he Articles of Organization for this Limited I lorida document numberL07000018924	Liability Company	were filed on	2/19/2015	and as	ssigned
his amendment is submitted to amend the fol	llowing:				
. If amending name, enter the new name	of the limited liab	oility company he	ere:		
ne new name must be distinguishable and contain the new principal offices address, if appliance of the new principal office address MUST BE A STRE.  Inter new mailing address, if applicable:	cable:		POPATE ESS		
<u> 1ailing address MAY BE A POST OFFICE</u>	E BOX)	<del></del>	ELLTOWE		
		WEST	IN, FL 3	3324	<i>p</i> ,
. If amending the registered agent and gistered agent and/or the new registered of	d/or registered o office address her	office address on <u>re</u> :	our records, <u>ent</u>	er, the name	of the new
Name of New Registered Agent:	CORPORATE	ESSENTIALS LA	W GROUP, P.A.	me A	[T]
New Registered Office Address:	1792 BELL TO	OWER LANÉ		From S	The second
		Enter Flor	ida street address	<u></u>	
	WESTON		, Florida	33326	
		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. Thereby 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 = M AMBR = A	anager uthorized Member '		
<u>Title</u>	Name	Address	Type of Action
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			Remove
			□ Change
			Add
			□ Remove
		<u></u>	Change
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			TRemove
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			OR DO Remove
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fective date, if other than the da n effective date is listed, the date must be	i <b>te of filing:</b>	e prior to date of fili	ng or more than 90 da	( <b>optional)</b> vs.after filing.) P	ursuant to	605.02
te: If the date inserted in this block	c does not meet the a	applicable statutor	ng or more man 90 da y filing requiremer	ys aner ming.) rats, this date wi	ill not be	liste
cument's effective date on the Depa	irtment of State's red	cords.				
record specifies a delayed e The 90th day after the record	ffective date, bu	ut not an effec	tive time, at 12	2:01 a.m. or	i the ea	arlier
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Filing Fee: \$25.00