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COVER LETTER

TO:	Registration S Division of Co		
CHDI	3025 Ocea	ean, LLC	
SUBJI	EC1:	Name of Limited Liability Company	
The en	closed Articles o	of Amendment and fee(s) are submitted for filing.	
Please	return all corresp	pondence concerning this matter to the following:	
		Joseph P. Mullen	
		Name of Person	
		Mullen & Bizzarro	
		Firm/Company	
		2929 E. Commericial Blvd, PH-C	
		Address	
		Fort Lauderdale, FL 33308	
		City/State and Zip Code	
		jpmullen@mullenbizzarro.com	
		E-mail address: (to be used for future annual report notification)	
For fur	ther information	n concerning this matter, please call:	
Joseph	n P. Mullen	954 772-9100 at ()	
	Name	e of Person Area Code Daytime Telephone Number	
Enclos	ed is a check for	r the following amount:	
\$2	5.00 Filing Fee	(additional copy is enclosed) Certified	te of Status &

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

3025 Ocean, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L09000103796 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Heal The Planet Investments LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principa! office address MUST BE A STREET ADDRESS) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: 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.

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 Title Name **Address Type of Action** □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change

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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory filing or other inserted in this block does not meet the applicable statutory filing or other inserted in this block does not meet the applicable statutory filing or other inserted in this block does not meet the applicable statutory filing or other inserted in this block does not meet the applicable statutory filing or other inserted in this block does not meet the applicable statutory filing or other inserted in this block does not meet the applicable statutory filing or other inserted in this block does not meet the applicable statutory filing or other inserted in this block does not meet the applicable statutory filing or other inserted in this block does not meet the applicable statutory filing or other inserted in this block does not meet the applicable statutory filing or other inserted in this block does not meet the applicable statutory filing or other inserted in this block does not meet the applicable statutory filing or other inserted in the ap		
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July 2016		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00