L1000064185

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COVER LETTER

TO: Registration Se Division of Con		:				
CSA Inves	tments LLC					
SUBJECT.	Name of Lin	ited Liability Company				
	Amendment and fee(s) are sub ondence concerning this matter	-				
	Asif Farooq					
	•	Name of Person				
	CSA Investments LLC					
		Firm/Company	The str			
	10201 SW 62 Street	16 AL				
		Address				
	Miami, Fl. 33173		2 Pl			
		City/State and Zip Code	16 AUG 22 PM II: 58			
	E-mail address: (to be used for future annual report notif	ication)			
For further information of	concerning this matter, please c	all:				
Greg Herrera		786 472-1933				
Name o	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 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)			
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:			

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CSA Investments LLC (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 Liability Company were filed on $\frac{06/15/2010}{1}$ and assigned Florida document number L10000064185 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Farzana Farooq	10201 SW 62 Street	
		Miami, Fl. 33173	■ Remove
			☐ Change
MGR	Zahra Farooq	10201 SW 62 Street	■ Add
		Miami, Fl. 33173	□ Remove
			□ Ghange □ C
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			Change
			☐ Remove
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			Remove
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Effective date, if other than the (If an effective date is listed, the date m	e date of filing:	- h	-4CC1:	(opt	tional)	05.0207.(2)
Note: If the date inserted in this l						
document's effective date on the						
the record specifies a delaye) The 90th day after the re		but not a	n effective ti	me, at 12:01	a.m. on the ear	lier of:
Dated August 16	20	16				
	77					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00