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COVER LETTER

то:	Registration Se Division of Cor				
CHBIC		st 12th Properties, LLC			
Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Larry V. Seale			
		Ghetto East 12th Properties	Name of Person s, LLC		
		4606 NW 1666th Ave	Firm/Company		
		Gainesville Florida, 32653	Address		
		Seale9056@yahoo.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For furth	her information c	oncerning this matter, please ca	all:		
Larry V	Larry V. Seale 352 283-6900 at ()				
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclose	d is a check for th	ne 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)	

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ghetto East 12th Properties, 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 _____ ____ and assigned Florida document number L11000009872 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LVS Investments 12th, LLC The new name must be distinguishable and contain the words "Limited Liability 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 BOX) 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	12/31/2018
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited _	12-12 2018
	<u>,</u>
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00