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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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C. LEWIS

APR 2 6 2011

EXAMINER

COVER LETTER

	ation Section n of Corporations		
**	Proword 19	Investments IIC	
SUBJECT:		3 Investments, LLC ited Liability Company	
•			
he enclosed Ar	ticles of Amendment and fee(s) are su	bmitted for filing.	
lease return all	correspondence concerning this matte	r to the following:	
		Yanir Hadan	
		Name of Person	
	Brov	vard 18 Investments, LLC	
		Firm/Company	
	362	25 W Broward Blvd #203	·
		Address	
	Ft	Lauderdale, FL 33312	
		City/State and Zip Code	
	<u>Ya</u> E-mail address:	anirhadan@gmail.com to be used for future annual report noti	fication)
or further infor	mation concerning this matter, please		
	Yanir Hadan	at (954)	581-4438
Name of Person		Arca Code & Daytin	ne Telephone Number
Enclosed is a cho	eck for the following amount:		
√ \$25.00 Filing	_	\$55.00 Filing Fee &	\$60.00 Filing Fee,
<u>Ψ</u>] ψ23.00 T HHIE	Certificate of Status	Certified Copy (additional copy is enclosed	Certificate 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

FILED

20H APR 25 PM 1 51

SECRETARY OF STATE

Broward 18 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 Liab	ility Company were filed on	2/8/11	and assigned
Florida document number <u>L1100001649</u>	94		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compa	any," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	·	
(Principal office address MUST BE A STREET)	4DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BC	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street aa	ldress
	· <u></u>	, Florida	
	·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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	Oren Adler	3625 W Broward Blvd #203 Ft Lauderdale, Fl, 33312	
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necess	ary.)
_			
_			2011 APR
Dated	Signature of a me	mber or authorized representative of a member	APR 25 PH I
	// .	Yanir Hadan yped or printed name of signee Page 2 of 2	OF STATE OF LORIDA
	V	- "0	

Filing Fee: \$25.00