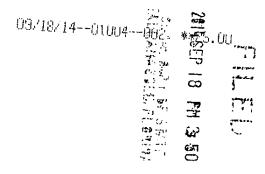


(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only





COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

LHVO INVESTMENTS L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NESTOR R TRUJILLO

Name of Person

LHVO INVESTMENTS L.L.C.

Firm/Company

10629 HAMMOCKS BLVD #634

Address

MIAMI, FL 33196

City/State and Zip Code

NESTORTRUJILLO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NESTOR TRUJILLO

,,786<u>,</u>251-1550

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LHVO INVESTMENTS L.L.C.			
(Name of the Limited Liability Comps (A Florida Limited)	nny as it now appears on our records.) Liability Company))	
The Articles of Organization for this Limited Liability Company Florida document number L11000112830	were filed on 10/03/2011	aı	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		2
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC"	or the abbrevia	Hon "L.L.C."
Enter new principal offices address, if applicable:	14343 SW 96 TERR		00 1 20 7 1
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33186		
		## 7 T	0
Enter new mailing address, if applicable:	14343 SW 96 TERR		
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33186		
B. If amending the registered agent and/or registered of	ffice address on our records,	enter the n	ame of the
egistered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Flor	ida	
	City		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, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Add
			Add Remove
			ess — Carada
			Remove
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		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Add
			□ Remove

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Effective date, if other than the date of filing:	_
Dated SEPTEMBER 8 2014	
AA.	
Signature of a member or authorized representative of a member NESTOR TRUJILLO	
Typed or printed name of signee	

Page 3 of 3

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Filing Fee: \$25.00