## L11000127836

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Y SULKER AUG 26 2019

## **COVER LETTER**

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то:	Registration Section Division of Corporations			· ·				
CUDI	KAMIL INVESTMENTS LLC							
SUBJ	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Of	fice Change a	ınd f	ce(s) are submitted for filing.				
Please	return all correspondence concerning the	his matter to t	he fo	ollowing:				
	SAMIR ASAAD							
	Name of Person			_				
	KAMIL INVESTMENTS	LLC						
	Firm/Company			_				
	1400 NW 96 AVE STE 2	202						
	Address							
	DORAL, FL 33172							
	City/State and Zip Code		_					
	accounting3@floridatraded	co.com						
	E-mail address: (to be used for future ar	nual report n	otițic	cation)				
For fu	orther information concerning this matte	r, please call:						
	SAMIR ASAAD	786		200 9040				
	Name of Person			Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Divi P.O	istration Section ision of Corporations . Box 6327 ahassee, Florida 32314				
Enclosed is a check for the following amount:								
	☑ \$25 Filing Fee	C	<b>1</b> \$5:	5 Filing Fee & Certified Copy				

1NHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company:	L INVES	TMEN	TS LLC	
2. (a)	1400 NW 96 AVE STE 202		(b)	1400 NV	V 96 AVE STE 202
2. (,	Principal office address of limited liability con (Note: MUST BE STREET ADDRES.		_		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	DORAL, FL 33172		_	DORAL,	FL 33172
	11/09/2011		_		L11000127836
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florid SAMIR ASAAD	a	4.		Document number
J. (11)	Registered Agent and Registered Office shown on the 1400 NW 96 AVE STE 202	- s:			
	Registered Office Address (MUST BE FLORIDA				
	DORAL	, FL_	33172	2	- -
(b)	SAMIR ASAAD				20
(***	Enter name of NEW Registered Agent and/or NEW Registered Office address:				T T
	13250 NW 25TH STREET STE 202	<u> </u>			2015 AUG 19 SECRATARS
	NEW Registered Office Address:				
	MIAMI	, FL_	3318	32	5
the cha agent was/w	imited liability company is not organized un inge or changes are made, the Florida street, will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the i icles of organization or the operating agreen	address of Ulimited lia members o	the regi ibility co f the lin	stered offic- ompany, it i sited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	Manne X				SAMIR ASAAD
There provisi the ob- to mer notifie	ture of desember or authorized (presentative of a methy accept the appointment as registered age ions of all statutes relative to the proper and tigations of my position as registered agent of y reflect a change in the registered office of in writing of this change.	ent and agr	f ee to ac perform I for in ( iereby c	t in this cap ance of my Chapter 602 onfirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been