# 21200000 5603

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<u> </u>
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
	•	,
	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT. A))	LE INVESTA	NENTS 1 LLC	_
SUBJECT:	Name of Limit	1ENTS 1, LLC ted Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	MICHACL	ELION Name of Person	
		Name of Person	
	WEST PALM	BEA-CH LAW	
		Firm/Company	
	2378 B	ELLARUSA CIR	CLE
		Address	
	WEST PA	OLM BEACH, FL 3 City/State and Zip Code	<u> 3477                                   </u>
	i 171 ( MAEL E-mail address: (to	ELION (MAIL o be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca		
MICrima	EL ELION	at (56 t) 506 Area Code Daytime	- 3/40
Name of	rerson	Area Code Daytime	reteptione Number
Enclosed is a check for the	e 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

ille in	IVE STIMENTS	12019 FEB 21	AH 9: 35
( <u>Name of the Limited Lia</u> (A Fle	VE STITENTS  ability Company as it now apper  orida Limited Liability Company	urs on our records.) TALL:	SEE, FL
The Articles of Organization for this Limited Liabilit			
Florida document number <u>L1 2000005C0 3</u>	<u>3</u> .	,	
This amendment is submitted to amend the following	2.		
A. If amending name, enter the new name of the	limited liability company l	<u>iere</u> :	
MLE INVESTION  The new name must be distinguishable and contain the words "	1ENTS; LLC		
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:		<u>.                                    </u>	
Principal office address MUST BE A STREET AD	ODRESS)		
		- · · - · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office a</li> </ol>		n our records, <u>ente</u>	r the name of the nev
	<del></del>		
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	Enter F1	orida street address	
		, Florida _	Zıp Code
	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 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		<u> </u>	
			Remove
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<b>Tectiv</b> in effec	e date, if other than the date of filing:
<u>ote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and it's effective date on the Department of State's records.
	and specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of 00th day after the record is filed.
ated _	JANUARY 29 2019.
	JANUARY 29 2019. Myl Soin
	Signature of a member or authorized representative of a member
	MICHAGE ELION

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00