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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: 5	hick Inve	eStments LL ited Liability Company	<u>.</u> C	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Dvora Law Of	Name of Person Aces of Di Firm/Company	ORA M	WEINREB PI
	20283 5	tate Rd 7, 7	F400	
	Boca Ra dvora Ca E-mail address	Address Address AM City/State and Zip Code Awpolaw, to be used for future annual report noti	198 Com	
For further information co	oncerning this matter, please ca	all:		
Dova V	We'nreb f Person	at (954) 2- Area Code Daytim	74, 773 te Telephone Number	30
Enclosed 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)	Certified	e of Status &
		0		

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF O	RGANIZATION	
OF	T NEST OF T	-17
	stments LLC語品	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)	m
The Articles of Organization for this Limited Liability Company w	were filed on $\frac{7}{5}/20/2$ and	esigned
Florida document number <u>L12000087815</u>		יג
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation	"L.L.C."
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)		
Comming under this WITT DE TIX OST OFFICE BOTT		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the n	<u>iew registered</u>
N. C.W. D. C. L.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City Zip Cod	le

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 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Moshe Shick	9587 Weldon Circle	
		Tamarac, FC 33321	Remove
NA & M	n ' <1 ' L		
1166	Avi Shick	9587 Weldon Circle	Add
		9587 Weldon Circle Tamarac, Fl 33321	□ Remove
			[] Change
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ord spec	ifies a delayed effe	ctive date, but n	ot an affactive	tima at 12:01			
filed.	oo a dolayed ene	crive date, out it	ocan enective	ume, at 12:01	a.m. on the earl	ier of: (b) T	he 90th day after th
	Jan 30, 2020	l					
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\mathcal{N}		Mostri styck (Jan	1 30, 2020)				
シノー		Signature of	a member or aut	horized represe	ntative of a member	er	
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Filing Fee: \$25.00