L120000971400

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone #	/)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
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2015 DEC 14 P 12: 49
SECRETARY OF STATE

DEC 1 5 2015

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COVER LETTER

TO:.,	Registration Sec Division of Corp			
CHDII		R OCEAN VIEW INVESTM	ENTS LLC	
SUBJI		Name of Lim	ited Liability Company	
•				
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		· JA	AIME REYES	
			Name of Person	
			Firm/Company	
11890 SW 8th Street, SUITE 210				
			Address	
	•	MIA	MI, FL, 33184	
			City/State and Zip Code	
			ORTIZ@GMAIL.COM to be used for future annual report notific	oction)
For fur	ther information co	ncerning this matter, please ca	·	cation)
101141		meering this matter, prease of		
	JAIME REYES		786 728 5603 at ()	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	e following amount:		
= \$2:	5.00 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

			2815 37C
		NVESTMENT LLC	<u> </u>
(Name of the Limit	(A Florida Limited L	ny as it now appears on our re liability Company)	ecords.) ASR
The Articles of Organization for this Limited Li	ability Company	were filed on	and assigned
Florida document number L12000097400	<u>-</u>		LOH VIS:
This amendment is submitted to amend the following	owing:		D 12: 50 STATE LORIDA
A. If amending name, enter the new name of	the limited liabi	lity company here:	
	111111111111111111111111111111111111111		
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company " the designation	"LIC" or the abbreviation "L.L.C."
_		.,	221 07 210 2 501 0 1 210 15 15 15 15 15 15 15 15 15 15 15 15 15
Enter new principal offices address, if applications	able:		
(Principal office address MUST BE A STREET ADDRESS)		11890 SW 8th Street, Suit	ie 210
		Miami, Fl, 33184	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	ROY)	11890 SW 8th Street, Suit	te 210
manning address MITT BENT OST OFFICE	<u> </u>	Miami, Fl, 33184	
		<u> </u>	-
B. If amending the registered agent and/	or registered of	fice address on our rec	ords, enter the name of the nev
registered agent and/or the new registered of			<u> </u>
Name of New Registered Agent:	Jaime Reyes		
No official officers	11890 SW 8th 5	Street, Suite 210	
New Registered Office Address:		Enter Florida street a	ddress
	Miami		EL
		City	, Florida 33184 Zip Code
Now Designated Amentle Cignothus 16 -b	1	•	•

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, Structure of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alfredo Luis Martinez	5757 Collins Ave, Suite 701	
		Miami Beach, Fl, 33140	Remove
•			☐ Change
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			□ Remove ·
			☐ Change
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ffective date, if other than t an effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	nust be specific and block does not be Department of yed effective	d cannot be prior to da meet the applicable State's records. date, but not an	te of filing or more than statutory filing requi	rements, this	filing.) Purs s date will	not be listed
The 90th day after the r	ecora is filea					
ated November 20		., 2015				
<i>III</i>)						. 7
*						
× \$	Signature of a	member or authorized	representative of a me	ember		~ ~ ~
<u>* </u>	Signature of a		representative of a me	ember	AFE S	
<u>* </u>			•	ember	AHA	3 <u>- 1</u>
* 			ne of signee	ember	RETURY I	