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M. MILLIGAN EXAMINER

SEP - 6

2018 SEP -6 PH 3: 18

COVER LETTER

TO: Registration Section Division of Corporati	ons				
SUBJECT: Lenhug	h Investme	ent LLC ed Liability Company			
The enclosed Articles of Amen	dment and fee(s) are subm	nitted for filing.			
Please return all correspondence	e concerning this matter to	o the following:			
	St	acy Usil	Kic		
		Name of Person			
_	Lr	Abush Ir	nuestment	t CCC	
		475 SW	15 1+n	Avenu	.
		475 SW Address Pembroke	0 '	<i>C</i> (2200
_		Pembroke Cin/State and Zin Code	PINE	es FC	3302 /
		City/state and 7/16 Code			
	E-mail address: (to	be used for future annual	report notification	n)	
For further information concer					
Stary	Walker	at 954	471 58	209	
Name of Perso	on	Area Code	Daytime Tele	phone Number	
Enclosed is a check for the following	lowing amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is em		S60,00 Filin Certificate Certified Co (additional co	of Status &

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 ARTICLES OF ORGANIZATION

A CO PHONE OF THE PROPERTY OF (A Florida Limited Liability Company) 12 | 9013 and assi The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
mer	Stacy Walker	1475 SW 157th Aug	enve werkly
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<u>S</u> _	Stacy Walker	1475 SW 157th Ave	. <i>NV</i> □ ∆dd
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fan effecti Note: If t	the date inserted in	late must be specific this block does no	ling: and cannot be prior to co of meet the applicable of State's records.	statutory fili	more than 90 days a	ptional) after filing.) Purse this date will n	ant to 605.0; of be listed	207 (3)(b) as the
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Filing Fee: \$25.00