L17000078686

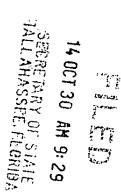
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COVER LETTER

TO:	Registration Security Division of Corp					
CIIDI		VEST LLC				
Name of Limited Liability Company						
The en	aclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please	return all correspon	ndence concerning this matter to	o the following:			
		BARBARA LAMBER	г			
		4.0	Name of Person			
		JUSTIN-CRAIG LTD.	, INC.			
			Firm/Company			
		3870 AMALFI DRIVE				
			Address	 		
		HOLLYWOOD, FL 33	3021			
		-	City/State and Zip Code			
		barbara@justincraigad	•			
		E-mail address: (to	be used for future annual report notifica	tion)		
For fu	ther information co	oncerning this matter, please cal	l:			
BAR	BARA LAMBE	RT	954 989-7693			
	Name of	Person		elephone Number		
Enclos	ed is a check for th	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

WTM INVEST LLC			
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number L13000078686	oility Company were filed on MAY 30, 2013	and assigned	d
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here:		
-	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C.	39
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	av.		
(Mailing address MAY BE A POST OFFICE B	<u></u>		—
registered agent and/or the new registered office	registered office address on our records, <u>enter</u> ce address <u>here</u> :	the name of the LAHAGETA	he new
Name of New Registered Agent:		- ∺ ~ ``	19 - 10 x 10 r
New Registered Office Address:			77
	Enter Florida street address	٠ <u>٠</u>	1 *14 *14 * 1
	, Florida	<u> </u>	
	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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** Title <u>Name</u> <u>Address</u> NOMADE CAPITAL GROL **230 NE 107th STREET** MGR Add A MIAMI SHORES, FL 33161 ☐ Remove S M C O CORPORATION MGR ☐ Remove □ Add ☐ Remove ☐ Remove _ Add ☐ Remove

). If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
			
(The effecti	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)		
Dated	16/43/14		
	Signature of a member of authorized representative of a member		
	KAMIL BEN MANSOUR		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

14 OCT 30 AM 9: 29
SECRETARY OF STATE
TALL ANASSEF FLORID