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S. WARREN 0CT 2 4 2017

COVER LETTER

TO:	Registration Se Division of Cor			
cun ir		INVESTMENTS, LLC		
SUBJEC	∪1: <u>.</u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		DATAN DOROT		
		-	Name of Person	
		DOROT & BENSIMON P	L	
			Firm/Company	
		20295 NE 29TH PLACE,	SUITE 201	
			Address	
		AVENTURA, FL 33180		
			City/State and Zip Code	
		INFO@DOROTBENSIMO		
		E-mail address: (to be used for future annual report noti	fication)
For furth	ner information e	oncerning this matter, please ca	all:	
DATAN	DOROT		305 921-9421	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	I is a check for th	he 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)
	MAIL	ING ADDRESS:	STREET/COURI	IER ADDRESS:

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

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORBEN INVESTMENTS, LLC	
(Name of the Limited Lial (A Flor	bility Company as it now appears on our records.) orda Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 113000139896	y Company were filed on and assigned
his amendment is submitted to amend the following:	;:
A. If amending name, enter the new name of the li	limited liability company here:
he new name must be distinguishable and contain the words "!	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
<u>Principal office address MUST BE A STREET AD</u>	DRESS)
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
-	
 If amending the registered agent and/or registered agent and/or the new registered office ac 	egistered office address on our records, <u>enter the name of the laddress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	, Florida

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 deciment 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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DATAN DOROT	20295 NE 29TH PLACE	= Add
		STE 201	☐ Remove
		AVENTURA, FL 33180	□ Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			17#CT
			1 22 over ED
			AH (P)

	enter change(s) here: (Attach additional sheets, i)	•
<u> </u>		<u> </u>
		
		
		
		
ective date, if other than the date	e of filing:	(optional)
	pecific and cannot be prior to date of filing or more than 90 days does not meet the applicable statutory filing requirement, ment of State's records.	
ament serieure date on the Depart	ment of State S records.	
record specifies a delayed eff	ective date, but not an effective time, at 12:	01 a m on the earlier o
he 90th day after the record		
CONTRADO 57	2017	
red SEPTEMBER 27	. 2017	
1.1 /2	4	
Sign	ature of a member or authorized representative of a member	
		8
DANIEL BENSIMON		<u> </u>
DANIEL BENSIMON	Typed or printed name of signee	23 F
DANIEL BENSIMON	Typed or printed name of signee	
DANIEL BENSIMON	Typed or printed name of signee Page 3 of 3	23 AM 9: 49 ANTOR STATE ASSEE, FLORIDA

Filing Fee: \$25.00