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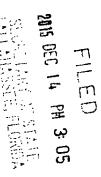
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COVER LETTER

	gistration Sect vision of Corpo			
CUDIECT.	Monvel Inves	stments LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspond	dence concerning this matter	to the following:	
		Greg Herskowitz, Esq.		
			Name of Person	
		Greg Herskowitz, PA		
			Firm/Company	
		9100 South Dadeland Boul	levard, #908	
			Address	
		Miami, Florida 33156		
			City/State and Zip Code	
		Greg@HLFMiami.com		
			o be used for future annual report i	notification)
For further i	nformation cor	cerning this matter, please ea	ıll:	
May Diaz-0	Clark		305 423-1259)
	Name of F	Person	at () Area Code Day	time Telephone Number
Enclosed is	a check for the	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)

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

FILED

2015 DEC 14 PM 3: 05

SECHETARY DE STATE TALLAHASSEE, FLORIDA

Monvel Investments LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on	10/23/2013	and assigned
Florida document number L13000149021	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company	here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," th	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address agent and/or the new registered office address agent and/or the new registered office address agent and/or registered agent age	<u>ress here</u> :	on our records, ente	
New Registered Office Address:	Foston I	Florida street address	
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in the Emplete performance Tent as provided for i.	of my duties, and I an n Chapter 605, F.S. O	n familiar with and r, if this document is
	If Changing Registered	Agent, Signature of New I	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 =	Authorized	Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
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				□ Remove
				Change
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fan effecti <u>Note:</u> 1f	date, if other than the date of filing:	207 (3)(b) as the
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.	of:
Dated	December 9 2015	
Dated	December 9 2015.	
Dated	December 9 2015. Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00