L13000162538

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COVER LETTER

	Division of Cor	porations	•		
SU	BJECT:	FELD INV	ESTMENT, LLC		
		Name of Lim	ited Liability Company		
Th	e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Ple	ease return all correspo	ndence concerning this matter	to the following:		
		DA	ATAN Z. DOROT, ESQ.		
			Name of Person		
		DO	ROT &BENSIMON, PL		
Firm/Company					
2775 SUNNY ISLES BLVD., STE. 118					
		-	Address		
NORTH MIAMI BEACH, FL 33160 City/State and Zip Code					
info@dorotbensimon.com					
		E-mail address: (1	to be used for future annual re	eport notificati	on)
Fo	r further information co	oncerning this matter, please ca	all:		
	Laura Bro	own	305 at ()	921-9421	
	Name of	f Person	Area Code	Daytime Tel	ephone Number
_					,
	closed is a check for th	-			
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

	Or	713	eman)
		5 CS 25 75 77 CS	
	FELD INVESTMENT, LLC	55 5	
(Name of the Limit	ed Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)	Q
			T T
The Articles of Organization for this Limited L	iability Company were filed on $\frac{11/20/26}{1}$	013 - 5	and assigned
Florida document number L13000162538	· · · · · · · · · · · · · · · · · · ·	OF STATE	20
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company here:		
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designat	ion "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T 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 of		,	
Name of New Registered Agent:	DORBEN CORPORATE SERVICES, I	.LC	
New Registered Office Address:	2775 SUNNY ISLES BLVD., SUITE 1		
	Enter Florida stre	ret address	
	NORTH MIAMI BEACH	, Florida	33160
	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, hereby confirm that the limited liability company has been notified in writing of this change.

I 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DAVID FELDGAJER	1750 NORTH BAYSHORE DR.	🗆 Add
		# 4910	■ Remove
		MIAMI, FL 33132	Change
MGR	DAVID FELDGAJER	1750 NORTH BAYSHORE DR.	Add
		# 4910	□ Remove
		MIAMI, FL 33132	Change
			🗖 Add
			□ Remove
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Tective date, if other than the date of an effective date is listed, the date must be speci		ate of filing or more than	optiona (optional) 90 days after fili	ng.) Pursuant to 60:
ote: If the date inserted in this block does ocument's effective date on the Department		statutory filing requi	rements, this da	ate will not be list
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Filing Fee: \$25.00