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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

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COVER LETTER

то:	Registration Se Division of Cor					
CUDI		estment LLC				
SUBJ	SUBJECT: Name of Limited Liability Company					
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		RAHIM JORGE ABDUL	KARACHE			
			Name of Person			
			Firm/Company			
		21011 JOHNSON STREE	T, Unit 110			
			Address			
		Pembroke Pines, FL 3302	29			
			City/State and Zip Code			
			to be used for future annual report notific	cation)		
For fu	rther information c	oncerning this matter, please ca	all:			
Micha	ael W Davey		305 639-8293 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclos	sed is a check for th	ne 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

Nicole Investment 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 Company were filed on January 21, 2014 and assigned Florida document number $\frac{L14000011372}{L14000011372}$ 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 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 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 = Authorized Member

1

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NICOLE ABDUL KARACHE	21011 JOHNSON STREET, #110	🗖 Add
		Pembroke Pines, FL 33029	■ Remove
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		March 1, 20	18		_	
Affective date, if other the far effective date is listed, the Note: If the date inserted is locument's effective date of	date must be specific n this block does no	and cannot be prior of meet the applica	to date of filing or m	ore than 90 days after g requirements, this	filing.) Pursuant to 605.0)207 i as
e record specifies a c The 90th day after t	lelayed effective he record is file	e date, but no ed.	t an effective t	ime, at 12:01 a	.m. on the earlie	r of
March 30		2018	,			
	7	No (1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00