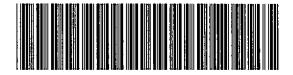
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T. HAMPTON

## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: ES	TA INVESTM Name of Limit	ENTS, LCC	
SUBSECT.	Name of Limit	ted Liability Company	
	nendment and fee(s) are subr	ū	
Please return all correspond	ence concerning this matter t	o the following:	
	SHGLOON	O. DAGGN Name of Person	
		Name of Person	
	SHELDU.	J O. OAGEN	P.A.
		Firm/Company	<del></del>
	2750 N. o	29 TH AVE, S-	TE. 117
		Address	
	Holoywood	City/State and Zip Code	0
		City/State and Zip Code	
•	E-mail address: (t	o be used for future annual re	port notification)
For further information cond	cerning this matter, please ca	11:	
SHELDON O.	DA G E ~	at (954) 96	65.5375
Name of Po	erson	Area Code	Daytime 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 enclose	Sed) \$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

· •	•		
(Name of the Limited Liabil (A Florid	ity Company as it now appear la Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability (Florida document number 4/4/000662/4		4/23/2014	and assigned
This amendment is submitted to amend the following:			
amendment is submitted to amend the following:  f amending name, enter the new name of the limited liability company here:  new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  or new principal offices address, if applicable:  ncipal office address MUST BE A STREET ADDRESS)  or new mailing address, if applicable:			
The new name must be distinguishable and end with the words "L	imited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD.	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			APR 28 P
		our records, enter t	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Fater Flor	ida street address	
	Liner Prov		
<del></del> -	City	, riorida	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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	OLIVIER GANANSIA	13899 BISCAYNE BLUD PH	MAdd
		NMIAMI BEACH, FL 3318	Remove
m G R	GERAND BILLET	13899 BISCAYNE BLUD P. NMIAMI BEACH, FL 331	
<u>Am BR</u>	GERALD BILLET	13899 BISCAYNEBLIO PA N MIAM, BEACH, FL 331	
			□ Add
			Remove
			IALL ASE
			PR PR 2: 36 PH 3: 36 AHAS SEE, FHORIDA
			□ Remove

D.	If amehd	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			_
			_
			_
			_
E.		te, if other than the date of filing: (optional) ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after becament is filed by the Florida Department of State)	
	Dated	APRIL 24, 2014.	
		14	
		Signature of a member of authorized representative of a member	
		SHELDON O. DAGEN	
		Typed or printed name of signee	

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Page 3 of 3

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AND AHASSEE, FLORID