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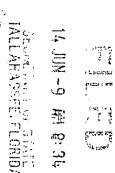
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

## CONTINVEST HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## SIMON CHOCRON

Name of Person

Firm/Company

20900 NE 30TH. AVE. SUITE 200

Address

**AVENTURA, FLORIDA 33180** 

City/State and Zip Code

schocron01@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### SIMON CHOCRON

at (

5549977

Name of Person

Daytime Telephon

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

## CONTINVEST HOLDINGS, 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 MAY 30, 2014 \_ and assigned Florida document number L14000086930 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 end with 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 City 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 **Title** Address **Type of Action** Name 900 Biscayne Boulevard \_ \_ Add Camacho, Rafael C. **AMBR** Apt. 4406 ■ Remove Miami, FL 33132 Cedeno C., Rafael 900 Biscayne Boulevard MGR Apt. 4406 ☐ Remove Miami, FL 33132 □ Add ☐ Remove A Remove ☐ Remove □ Add · ☐ Remove

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Filing Fee: \$25.00

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