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COVER LETTER

то:	Registration Sectorial Division of Corp			
SUBJE	ест:	HY TRUS Name of Lim	TLNVC+m2 ited Liability Company	ents LLC.
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Santo	5 Gonza/	<u>ez</u>
		_City	TRUST INVE	tments LLC
		_3033	2 SW 152	PL
			ESTECIO F City/State and Zip Code	
		Sante E-mail address: (i	0590020/e2/9 o be used for future annual report notifi	145@ Jahov.com
For fur	ther information cor	ncerning this matter, please ca	ill:	
	<u>Santos</u> Name of I	6mzalez Person	at (<u>786)</u> 448 Area Code Daytime	Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$25	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, FI, 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

OF	AH 3: On				
Name of the Limited Liability Company (A Florida Limited Liability Company)	v as it now appears on our records.)				
The Articles of Organization for this Limited Liability Company w Florida document number $214000/3353/$	were filed on $6-36-14$ and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here: C'HY TRUST INVESTMENTS LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C."					
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	same as before				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as before				
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:					

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

30332 SW 152PL

Enter Florida street address

Horrestead Florida 3303

City Zin Code

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

Title Title **Address** Type of Action MGR Santos Gonzalez 30332 SWISZPL WAD Horrestead FL Remove Directu Santos C Growalez same as a Add

above To Remo ____

Change PRES Santos CGonzalez same DAdd

as above Defend ☐ Change □ Add ☐ Change □ Add ☐ Remove ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
We had President and Director	
1 Santos Gonzalez C	
Ne had President and Director Santos Gonzalez C We need to change to Manager instead.	
J Type EDROR On Company name we had City trust Invetments LL 3hould be City Trust Investments LL	
18 HOV	· i
E. Effective date, if other than the date of filing: 10/3/2018 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	
Dated October 3 2018	
Signature of a member or authorized representative of a member	
Santos Genzalez Eyped or printed name of signee	
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Filing Fee: \$25.00