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IB SEP 21 AH II: 06

SEP 22 2Mh J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp			
NOLAN FL SUBJECT:	ORIDA INVESTMENT LLC		
5055EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ANTOINE GENDRE		
		Name of Person	
		Firm/Company	
	805 N ANDREWS AVE		
	, <u></u>	Address	
	FORT LAUDERDALE, FI	L 33311	
	antoinegendre@yahoo.com	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notifi	cation)
For further information co	neerning this matter, please ea	all:	
ANTOINE GENDRE	at ()		
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our recorded Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Comparing Florida document number L14000175728	any were filed on 11/12/2014		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L	LC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	7.1	
		= <u></u>	<u>ත</u>
			Eg (T)
Enter new mailing address, if applicable:			<u>N</u>
(Mailing address MAY BE A POST OFFICE BOX)		Tic	= 40
		50	= :0
		70 A.	<u>ල</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address i		rds, <u>enter th</u>	e name of the
Name of New Registered Agent:			
New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·	Enter Florida street ada	fress	
		Florida	·····
	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, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANTOINE GENDRE	805 N ANDREWS AVE	□ Add
		FORT LAUDERDALE, FL 33311	■ Remove
			Change
MGR	HOUHA KARIM	805 N ANDREWS AVE	Add
		FORT LAUDERDALE, FL 33311	☐ Remove
			Change
			Add
		*****	□ Remove
			Change
			Add
			☐ Remove
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n effective date is listed, the date m	ust be specific and	cannot be prior to c		than 90 days	after filing.) Pu		
ete: If the date inserted in this cument's effective date on the			e statutory filing re	equirements	, this date wil	i not be l	isted
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