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COVER LETTER ,

TO: Registration S Division of Co		,				
	L INVESTMENT HOLDINGS GR	OUP LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are submit	tted for filing.				
Please return all corresp	condence concerning this matter to	the following:				
	Paul Sardon					
		Name of Person	···			
	Paul J. Sardon, P.A.					
		Firm/Company				
	201 Madeira Avenue					
		Address				
	Coral Gables, FL 33134					
		City/State and Zip Code				
	psardon@sardonlaw.com					
	E-mail address: (to b	e used for future annual report notif	ication)			
For further information	concerning this matter, please call:					
Paul Sardon		305 403-3990 at ()				
Name	of Person	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 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

Capital Investment Holdings Group 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 $_^{05/06/2015}$ and assigned Florida document number _______L15000080777 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." 828 Spinnaker Drive 돐 Enter new principal offices address, if applicable: Hollywood, FL 33019 (Principal office address MUST BE A STREET ADDRESS) 828 Spinnaker Drive Enter new mailing address, if applicable: Hollywood, FL 33019 (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.

City

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>	Name	Address	Type of Action
MGR	Rodie Ben-Simon	1011 IVES DAIRY ROAD,	□ Add
		Suite 107	□ Remove
		Miami, FL 33179	■ Change
MGR	Ashi Mendelson	828 Spinnaker Drive	□ Add
		Hollywood, FL 33019	□ Remove
			■ Change
			Add
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If an eff	ve date, if other than the date of filing: (optional control of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after f	ng.) Pursuant to (605.0207	(
Note: docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this daent's effective date on the Department of State's records.	ite will not be i	isted as i	Į.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m	i, on the ear	rlier of:	
The	90th day after the record is filed.			
Dated	May 2) 2, 3015.	=	21	
		SEC	2015 JUN	
	Signature of a member or authorized representative of a member	AHA J-333		
		ARY SSE	<u></u>	
	Typed or printed name of signee			
	Typed or printed name of signee	OB CONTRACT	-:	
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Filing Fee: \$25.00