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COVER LETTER

TO: Registration So Division of Cor						
CHD ICCT		INVESTMENT LLC				
SUBJECT:		ited Liability Company	<u> </u>			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	DANIEL CASTRO					
		Name of Person				
	SALCEDO ATTORNEYS	AT LAW				
Firm/Company						
200 S BISCAYNE BOULEVARD, SUITE 2700						
		Address				
	MIAMI, FLORIDA, 33131					
		City/State and Zip Code	·			
	DCASTRO@LAWJSH.CO					
	E-mail address: ()	to be used for future annual report notifi-	cation)			
For further information of	concerning this matter, please co	all:				
DANIEL CASTRO		305 3750640				
Name o	of Person	at ()	Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

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OCTOGONOT	NVESTMENT LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number L15000087860	ny were filed on _05/18/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC" o	r 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:		TO SEP TO
(Mailing address MAY BE A POST OFFICE BOX)		
	,	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>.</u>
	. Flori	da
	Ploff	da 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>	<u>Address</u>	Type of Action
MGR	GUSTAVO GUINAND	170 OCEAN LANE DRIVE	
		SUITE 807, KEY BISCAYNE	■ Remove
		FL, 33149	□ Change
MGR	LUIS GUINAND	170 OCEAN LANE DRIVE	■ Add
		SUITE 807, KEY BISCAYNE	□ Remove
		FL. 33149	□ Change
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Filing Fee: \$25.00