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(Re	questor's Name)	
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JUN 3 0 2015

S. YOUNG

COVER LETTER

Div	ision of Corp	orations			
CUBIFC'T.		Y INVESTMENT GROUP, LI	LC.		
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return	ı all correspor	ndence concerning this matter to	o the following:		
		PIERRE CHERY			
			Name of Person		_
		THE CHERY INVESTME	NT GROUP, LLC.		
			Firm/Company	• • • • • • • • • • • • • • • • • • • •	_
		18921 SW 39th CT			
		•	Address		。 第一章
		MIRAMAR, FL 33029			ا بسیم ساخت
		 	City/State and Zip Code		7 3 5
		PCHERY@GMAIL.COM			
		E-mail address: (to	o be used for future annual rep	port notification)	
For further i	nformation co	oncerning this matter, please ca	11:		1 -
			at () Area Code	Daytime Telephone Number	
	Name of	Person	Area Code	Daytime Telephone Number	er
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certific	ate of Status &

Registration Section

TO:

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

THE CHERY INVESTMENT GROUP, LI		
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability		
-		
Florida document number L15000096822	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)	
17 merpar vyree ann ee mee an ann an ann an ann an ann an ann an		1 : 1
		(1)
Enter new mailing address, if applicable:		. 1
(Mailing address MAY BE A POST OFFICE BOX)		
		,
		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	rs — — — — — — — — — — — — — — — — — — —
	. Fl	orida
	City	orida 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
AMBR	PIERRE J. CHERY	18921 SW 39th CT	□ Add
		MIRAMAR, FL 33029	Remove
			= Change
AMBR	BIANCA E. CHERY	18921 SW 39th CT	Add
		MIRAMAR, FL 33029	□ Remove
			■ Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
		-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	□ Remove
			Change
			Add
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E. Effectiv (If an effec	'e date, if other than the ctive date is listed, the date in	e date of filing: ust be specific and c	cannot be prior to date of	filing or more than 90 day	(optional) s after tiling.) Pursuant to 605.020
Note: If	f the date inserted in this t nt's effective date on the I	plock does not me	et the applicable stati	tory filing requirement	s, this date will not be listed a
		•			
If the reco	ord specifies a delaye 90th day after the re	ed effective da cord is filed.	ite, but not an ef	ective time, at 12:	:01 a.m. on the earlier o
Dated _	UNE 26	,	2015		3
					~ * • • • •
	て 1/1	,			
		Signature of a m	ember or authorized rep	resentative of a member	, , , ,
	PIERRE CHERY	Signature of a m	ember or authorized rep	resentative of a member	

Page 3 of 3

Filing Fee: \$25.00