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(Requestor's Name) (Address)	300300336483
(Address) (City/State/Zip/Phone #)	06/16/1701010019 ** 25.00
(Business Entity Name)	
(Document Number)	
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			COVER LETTER	
	Registration Se Division of Cor			
	MICHAEL	CHRISTOPHER INVESTME	NTS. LLC	-
SUBJEC			ited Liability Company	-
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		MICHAEL ESTEY		
			Name of Person	
		MICHAEL CHRISTOPHI	R INVESTMENTS, LLC	
	Firm/Company			
1245 N HERCULES AVE				
Address				
		CLEARWATER, FL 3376	5	
			City/State and Zip Code	_
		MESTEYZ@GMAIL.COM		_
For furth	ner information c	oncerning this matter, please c	to be used for future annual report notification) all:	· · · · · · · · · · · · · · · · · · ·
	CK HUTEK		727 466-1703	
	Name o	of Person	Area Code Daytime Telephone Num	
Enclosed	l is a check for t	he following amount:		5
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee. cate of Status & ed Copy nat copy is enclosed)
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	

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Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICHAEL CHRISTOPHER INVESTMENTS, 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 6/16/15	and assigned
Florida document number L15000104916	
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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

L'AL	ter Florida street address	
New Registered Office Address:	ter Florida street address	 -)
Name of New Registered Agent:		>

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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
AMBR	BRIDGEVIEW INVESTEMENTS	1245 N HERCULES AVE	Add
		CLEARWATER, FL 33765	Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			Remove
			Change
. <u> </u>			لهن المحمد ا
			Change
			D Add
			Remove
			Change
			🛛 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00