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Division of Cor	porations		
660 INVE	STMENTS LLC		
SHR IF C'T:			
COLINIA COLO	Name of Lim	ited Liability Company	
		wite en	
The enclosed Articles of	Amendment and fee(s) are sub	mined for thing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert Kahn		
		Name of Person	
	Robert O. Kahn, P.A.		
		Firm Company	
	4522 Sheridan Ave		
		Address	
	Miami Beach, FL 33140		
		City/State and Zip Code	······································
	office@goodearthproperty		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Robert Kahn		786 282-4806	
	CD.	at () Area Code Daytimo	T to the second to
staine o	d Person	, vrea Code Daytune	e Tetephone Number
Enclosed is a check for the	he following amount:		
		TT CEE AN UID P O.	El ézo oo riibaa raa
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[2] \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	L3 \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy (cenclosed)
Mariting Address		Straut Address	

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2077 - 22 11 8:29

660 INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(7)	Criorida Liinned	гларину соптранут	
The Articles of Organization for this Limited Lial Florida document number	oility Company	were filed on	/2015 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	<u>he limited liab</u>	ility company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	14831 NW 7th Ave	enue
(Principal office address MUST BE A STREET		Miami, FL 33168	
Enter new mailing address, if applicable:		14831 NW 7th Ave	enuc .
Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33168	
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:			
New Registered Office Address:	14831 NW 70	h Avenue	
New Registered Villee Address.		Enter Florida	street address
	Miami		, Florida
New Registered Agent's Signature, if changing Re	gistered Agent	City L	Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl	and complete ered agent as gistered office	performance of my provided for in Cha	duties, and I am familiar with and pier 605, F.S. Or, if this document i
	If Cha	nging 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 acor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Josephine Bailey	401 401 E Las Olas Blvd	
			□Add
		Suite 130-521	= p
		Ft Landerdale, FL 33301	■Remove
			□Change
AMBR	Josephine Bailey	401 E Las Olas Blvd	
		Suite 130-521	
		Ft Lauderdale, FL 33301	□Remove
		14 12touctuale, 11, 55,001	□Change
MGR	WILLIAM D. BAILEY, JR.	14831 NW 7th Avenue	
		Miami, FL 33468	_
			□Remove
MGR	BRETUT, BAILEY	14831 NW 7th Avenue	
			🗀 Add
		Miami, FL 33168	
			□Remove
			≣ Change
	<u> </u>		
			□Remove
			□Change
			□Remove
			□Change
			

<u> </u>	
	<u> </u>
P**	
Note: If the date inse	ther than the date of filing:
e record specifies a de rd is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
June 16	.2020
Dated	
	Signature of a member or alaborized representative of a member
Robert Ka	ahn, authorized representative
	Typed or printed name of signee

Filing Fee: \$25.00