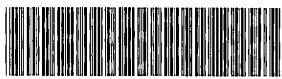
L15000207842

(Requestor's Name)	
(Address)	40032843
(Address)	40002040
(City/State/Zip/Phone #)	
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COVER LETTER

TO: Registration S Division of Co			
	AL INVESTMENTS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub		
Please return all corresp	oondence concerning this matter	to the following:	
	Christopher DiSchino		
		Name of Person	
	DiSchino & Schamy, PLL	С	
		Firm/Company	
	4770 Biscayne Blvd., Suit	e 1280	
		Address	
	Miami, Florida 33137		
	christopher@dsmiami.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Christopher A. DiSchii	10	786 5\$1-2542 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ S25.00 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)
MAI	LING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISTAL INVESTMENTS, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000207842</u> .	y were filed on 12/14/2015	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	201
		; = *u == **
Enter new mailing address, if applicable:		ີ້ ນີ້
(Mailing address MAY BE A POST OFFICE BOX)		P.1
Muning address MAT BE A FOST OF FICE BOX	-	P)1 6:
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	City	лиа Zīp 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>	Address	Type of Action
MGR	DISCHINO, COSMO	4770 BISCAYNE BLVD.	Add
		SUITE 1280	
			☐ Remove
		MIAMI. FL 33137	☐ Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
		9	□ Remove
			Change
			
			Remove
			Change
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach N/A	additional sneets, tj necessary.)
	
	
	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of fine Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207 (3), ory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effe) The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier of:
Dated MAY 10	
Signature of a member or authorized repre-	sentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00