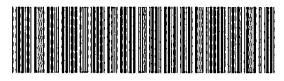
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Tallahassee, FL 32314

TO:

	Registration Se Division of Cor					
C1:D 1EZ		E INVESTORS LLC				
SUBJEC	Name of Limited Liability Company					
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		CHARLIE WILLIAMS				
			Name of Person			
		C&D HOME INVESTOR:	SELC			
			Firm/Company			
		20424 SW 85TH AVENUE				
	Address					
		MIAMI FL 33189				
		City/State and Zip Code ceoblackhead84@gmail.com E-mail address: (to be used for future annual report notification)				
				511.)		
For furth	er information co	oncerning this matter, please of	111;			
CHARL	IE WILLIAMS		786 278-7931 at ()			
	Name o		Area Code Daytime Tele	phone Number		
Enclosed	l is a check for th	ne following amount:				
■ \$25.	.00 Filing Fee	口 \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:			
Registration Section Division of Corporations			Registration Section Division of Corpora			
	P.O. Box 632		The Centre of Talla			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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C&D HOME INVESTORS LLC			
(Name of the Limit	ted Liability Company (A Florida Limited Lia	as it now appears on our r bility Company)	ecords.)
The Articles of Organization for this Limited L	lability Company w	ere filed on 01/20/2016	and assigned
Florida document number 1.16000016448	··		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabili	y company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:		
(Principal office address MUST BE A STREE			
	·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
		·	
B. If amending the registered agent and/or (registered office ad	dress on our records, <u>e</u>	nter the name of the new register
agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	(no change)		
N D '	(no change)		
New Registered Office Address:	<u> </u>	Enter Florida street e	uldress
			P4
		City	_, Florida 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 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 The Art of the Long of

<u>Title</u>	<u>Name</u>	Address 21 007 15 FH 3: 20	Type of Action
Director	CHARLIE WILLIAMS	20424 SW 85TH AVENUE	□Add
		MIAMI FL 33189	
			□Change
AMBR	CHARLIE WILLIAMS	20424 SW 85TH AVENUE	
		MIAMI FL 33189	□ Remove
AMBR	JANICE FAIR	11700 SW 254TH STREET	= Add
		HOMESTEAD FL 33032	□Remove
			Change
			🗀 Add
			Remove
			□Change
			□Remove
			□Change
			UAdd
			□Remove
			□(Change

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Effective date, if other than the date of If an effective date is listed, the date must be spec Note: If the date inserted in this block does document's effective date on the Departme	rific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (is not meet the applicable statutory filing requirements, this date will not be listed as t
ne record specifies a delayed effective date, bord is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
October 6th	2021
a 4	
Signatur	re of a member or authorized representative of a member
CHARLIE WILLIAMS	
——————————————————————————————————————	Typed or printed name of signes

Filing Fee: \$25.00