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(Req	uestor's Name)	
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J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor			
CIID		NVESTMENTS LLC		
SUD	JECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
			Name of Person	
		TAX & ACCOUNTING S		
Firm/Company				
616 Atlantic Shores Blvd Ste C				
Address				
		Hallandale, FL 33009		
		emanchenop.011058@gma	City/State and Zip Code	
			to be used for future annual report notif	ication)
For fi	urther information co	oncerning this matter, please co	all:	
CAR	LOS GONZALEZ		954 632-1272 at ()	
	Name of	f Person .	Area Code Daytime	: Telephone Number
Enclo	sed 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

MANHID INVESTMENTS LLC		
(<u>Name of the Limited Liabi</u> (A Ploric	lity Company as it now appears on our records da Limited Liability Company)	<u>i.)</u>
The Articles of Organization for this Limited Liability	Company were filed on05/09/2016	and assigned
Florida document number L16000090904	·	
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 "Lin	mited Liability Company," the designation "LLC"	₹.0 →
Enter new principal offices address, if applicable:	recorded to the contract of th	6.E.C.
(Principal office address MUST BE A STREET ADD	RESS)	
		<u>υρπ</u> ω , **********************************
Enter new mailing address, if applicable:		4: 02
(Mailing address MAY BE A POST OFFICE BOX)		EE N
B. If amending the registered agent and/or regi		, enter the name of the nev
registered agent and/or the new registered office add	aress nere:	
Name of New Registered Agent:		
Naux Basistared Office Address		
New Registered Office Address:	Enter Florida street address	7
	, Fla	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>	Address	Type of Action
AMBR	TELMO E MANCHENO PONCE	1445 MARTINIQUE CT #6005	□ Add
		WESTON, FL 33326	Remove
			□ Change
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
	48-915-11-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		TALLAHA
			Remove Re
			□ Rcmove
			Change

D. If amending any other info	rmation, enter ch	ange(s) here: (Attac	h additional sheets, if i	necessary.)	
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. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in th document's effective date on the the record specifies a delate The 90th day after the	is block does not me ne Department of So ayed effective d	eet the applicable statu tate's records.	tory filing requirements,	this date will not be lis	sted as the
		2017			
Dated	,	2016			
	De 24	··· • • • • • • • • • • • • • • • • • •		₹	
	Signature of a n	nembekor authorized repr	semative of a member	20 <u>9</u>	
		MARIA E HILDAGO	SAA	NIN SELV	Carrierania F G E T arrestata
-		Typed or printed name of	signee	₹i~<	L Section Comments
		Page 3 of 3		PH 4: OF STA	
		Filing Fee: \$25.	.00	02 NTE RIDA	