16000118960

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COVER LETTER

CUDC 1	estment, LLC		
		25 11 2 12 2 2	
	Name of Lin	nited Liability Company	
The proloced Articles o	f Amendment and fee(s) are sub	amitted for filing	
Please return all corresp	ondence concerning this matter	to the following:	
	Antonio J. Coa		
		Name of Person	
	Coa & Associates, LLC		
		Firm/Company	
	3812 Miramontes Circle		
		Address	
	Wellington, FL, 33414		
		City/State and Zip Code	
	advisors@coaassociates.co		
		to be used for future annual report notif	neation)
For further information	concerning this matter, please c	all:	
Antonio J. Coa		561 9023049 at ()	
Name	of Person		e 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

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

SHPS Investments, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number L16000118960	ompany were filed on Jun 21, 2016	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "ELC" or the	abbreviation "L.l	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		<u>∵</u>
		<u></u>	55년 -폭우—
		₹ 2	## '독평구
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		P.	
		ð	<u> </u>
			Ģ.
B. If amending the registered agent and/or regist registered agent and/or the new registered office address.		r the name	of the no
Name of New Registered Agent:		·····	
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City	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>	<u>Address</u>	Type of Action
AR	Celia N. Martinez	3812 Miramontes Circle	
		Welington, FL. 33414	€ Remove
			☐ Change
AMBR	Eduardo M, Hernandez	3812 Miramontes Circle	■ Add
		Welington, FL, 33414	□ Remove
			☐ Change
AMBR	Karina Ferrari	3812 Miramontes Circle	Add
		Welington, FL. 33414	☐ Remove
			☐ Change
			🗖 Add
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ective date, if other than	he date of filing:	(optional)	
te: If the date inserted in this	block does not meet the applicable statuto	ing or more than 90 days after tiling.) Pursuan ry filing requirements, this date will not	t to 605,020 be listed a
cument's effective date on the	Department of State's records.		
record specifies a data	red effective date, but not an effec	tive time, at 12:01 a.m. on tho	earlier 4
The 90th day after the		tive time, at 12.01 a.m. on the	earner (
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	Signature of a member or authorized represe	entative a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00