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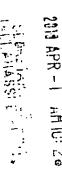
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Special Instructions to	Filing Officer:	.

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COVER LETTER

то:	Registration Se Division of Cor		j j			
SUBJE		ESTMENTS LLC				
SUBJE	C1:	Name of Lin	nited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:	्र. इ.		
		OSNAT HAY				
			Name of Person			
		OEH INVESTMENTS LI	.C			
		Firm/Company 7366 NW 34TH STREET				
	7366 NW 34TH STREET					
		Address				
		LAUDERHILL FL. 33319				
		City/State and Zip Code				
		ASITRISH@BELLSOUTF	ANET			
		E-mail address: (to be used for future annual report noti	fication)		
For furt	further information concerning this matter, please call:					
OSNA'	ГНАҮ		516 808 1836			
	Name o	f Person		e Telephone Number		
Enclose	d is a check for th	ne following amount:				
■ \$2 5	.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)		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OEH INVESTMENTS LLC

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

(A Florida Limited 1	liability Company)		70.
The Articles of Organization for this Limited Liability Company	were filed on 06/23/201	16	_ and assigned 🔆
Florida document number L16000121202			F. B
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	fice address on our 1	records, enter the	e name of the new
registered agent and/or the new registered office address here		records, <u>enter tin</u>	, name of the new
Name of New Registered Agent:			
New Registered Office Address:			·
	Enter Florida stree	et 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 Title Name | <u>Address</u> Type of Action □ Add _□ Remove _ Change □ Add ☐ Remove _____ Remove ☐ Remove _□ Add ☐ Remove

_□ Change

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e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ated	MARCH 28 2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00