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COVER LETTER

CLID LECT.	LHM In	vestments LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Eyal Halali	
		Name of Person	
		LHM Invesments LLC	
		Firm/Company	
		P.O. Box 4174	
	<u> </u>	Address	
	1	Fort Lauderdale, FL 33338	
		City/State and Zip Code	
		gmgbills@gmail.com	
Car footbar information		to be used for future annual report no	otification)
	concerning this matter, please c		
Eyal Halali		954 at ()	638-7034
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the 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 enclose

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

LHM I	Investments LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears onted Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Com Florida document numberL16000121415		06/23/16	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company hero	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the al	bbreviation "L.L	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>			
	east the trust or a			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, <u>enter</u>	the name o	f the ne
Name of New Registered Agent:				
				٠,
New Registered Office Address:	Enter Florida	a street address		
		, Florida		
	City	,	Zip Code	
New Registered Agent's Signature, if changing Registered Agentered			2 2	. •
I hereby accept the appointment as registered agent and	agree to act in this ca	pacity. I further a	ree to compl	v with th

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
MGRM	Eyal Halali	997 E Oakland Park Blvd	□ Add
		Oakland Park, FL 33334	Remove
			☐ Change
			_□ Add
			□ Remove
			☐ Change
			□ Remove
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Effective dat	te, if other than the date	of filing:		(optional)	
If an effective d Note: If the o	ate is listed, the date must be spidate inserted in this block do ffective date on the Departm	ecific and cannot be prior to open not meet the applicable	date of filing or more than 9	0 days after filing.) Pursuant to	
	pecifies a delayed effe day after the record is		in effective time, at	12:01 a.m. on the ea	arlier of
	day after the record is				ι,
	June 20	2017		Z JUN 21 CAREAGE CARASS	Ì

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Typed or printed name of signee

Filing Fee: \$25.00