L16000126535

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:		istration Secti sion of Corpo								
CHD I	IFCT.	CLO INVESTMENST LLC								
Name of Limited Liability Company										
The e	nclosed	Articles of An	nendment and fee(s) are sub	mitted for filing.						
Please	e return	all corresponde	ence concerning this matter	to the following:						
			Peggy Carolina Ohana							
				Name of Person		-				
				Firm/Company		-				
			20501 NE 22th Place			_				
	Address									
			Miami Fl 33180							
				City/State and Zip Code	***************************************	-				
		_	ps_carito@hotmail.com							
			E-mail address: (to be used for future annual re	port notification)					
For fu	ırther in	formation cond	erning this matter, please ca	all:						
Pegg	y Caroli	na Ohana		954 9802 at ()_	229					
		Name of Po	erson	Area Code	Daytime Telephone Numbe	r				
Enclo	sed is a	check for the f	ollowing amount:							
■ \$2	25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ite of Status &				

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
Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLO INVESTMENTS LLC					
(Name of the Limited	l Liability Compa A Florida Limited I	ny as it now appears on our re- Liability Company)	cords.)		
he Articles of Organization for this Limited Lia	and assigned				
orida document number L16000126535					
his amendment is submitted to amend the follow	ving:				
. If amending name, enter the new name of	the limited liab	ility company here:	, (A.5)		
/A			2 30 20		
e new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation 3L.L.C.		
nter new principal offices address, if applicable:		20501 NE 22th Place			
Principal office address MUST BE A STREET ADDRESS)		Miami Fl 33180			
			Q; Qc OR/D		
			DA :		
nter new mailing address, if applicable:		20501 NE 22th Place	<i>a</i> ,		
lailing address MAY BE A POST OFFICE B	<i>OX</i>)	Miami Fl 33180			
If amending the registered agent and/o gistered agent and/or the new registered off			ords, enter the name of the n		
Name of New Registered Agent:	Maria Victoria Jimenez				
New Registered Office Address:	20501 NE 22th	1 Place			
		Enter Florida street aa	ldress		
	Miami		, Florida <u>33180</u>		
		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

Page 1 of 3

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
MGR	Maria Victoria Jimenez	21018 NE 32nd Ave. Aventura, Fl 33180	■ Add
			□ Remove
MGR	Peggy Carolina Ohana	1830 s. Ocean Drive apt 1206, Hallandale Beach Fl 33009	☐ Change
			Remove
			Change
			Add
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		•••	Add
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