## 116000131303

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #/	)
PICK-UP	WAIT	MAIL.
(Busin	ess Entity Name)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	:

Office Use Only



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STORETARY OF STATE

D. SCOTT JUN 1 6 2017

## **COVER LETTER**

	egistration Solvision of Co					
CHD IECT		estments LLC				
SUBJECT		Name of Lin	ited Liability Company	····		
The enclos	ed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please retu	rn all correspo	ondence concerning this matter	to the following:			
		Aviad Rotem			,	
			Name of Person			דד
			Firm/Company	<del>.</del>	Jun 13	
		1830 S. OCEAN DRIVE	APT 1206			LED
			Address		တု	
		HALLANDALE BEACH,	, FL 33009		<b>5</b> 8	
		aviad111789@gmail.com	City/State and Zip Code			
For further	information c	E-mail address: ( oncerning this matter, please co	to be used for future annual report notif	ication)		
Aviad Rot	em		646 2291881			
	Name o	f Person		Telephone Number	<del> </del>	
Enclosed is	s a check for tl	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calch Investments LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	nny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited I	Liability Company	were filed on 07/12/2016	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	20501 NE 22 Place	
Principal office address MUST BE A STRE		Miami FL 33180	-1,0,1-1
	<u> </u>		1 5
Enter new mailing address, if applicable:		20501 NE 22 Place	TO WE TO
Mailing address MAY BE A POST OFFICE	E BOX)	Miami FL 33180	
3. If amending the registered agent and registered agent and/or the new registered of	l/or registered of	ffice address on our recor e:	ds, enter the name of th
Name of New Registered Agent:	N/A	, <u> </u>	
New Registered Office Address:	N/A		
		Enter Florida street addr	ress
	N/A		Florida N/A
		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
MGR	Peggy C. Ohana	1830 S. OCEAN DRIVE APT 1206	
		Hallandale Beach FI 33009	■ Remove
			□ Change
	<del></del>		
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			☐ Add
		<del></del>	Remove
			□(Change □ □ □ Add
			S C C C C C C C C C C C C C C C C C C C
			□ Change
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			□ Change

riad Rotem Percentage Interest in LLC 100%	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00