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(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
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(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	
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OCT 20 2016 S. YOUNG TALLAHASSER FEGRIDA

COVER LETTER

Division of Co		•		
	VESTMENTS NORTH, LLC			
SUBJECT:	Name of Lin	nited Liability Company	V	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	-		
	DALIA CANTOR			
		Name of Person	hand face and the second	
	CPA SOLUTIONS, INC			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	605 EAST ROBINSON S	TREET, SUITE 450		. <i>50</i>
		Address	Arra-19.	16 0 (L.)
	ORLANDO, FL 32801			9
		City/State and Zip Code		16 OCT 20 PM 5: 02
	E-mail address: (to be used for future annual report notif	ication)	å T
For further information of	concerning this matter, please c	all:		02
DALIA CANTOR		407 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 Sta Certified Copy (additional copy is e	ıtus &

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

(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L16000132908	Company were filed on 07/14/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		750
(Principal office address MUST BE A STREET ADDR	RESS)	6 OCT 20
Enter new mailing address, if applicable:		कु जिल्ल
(Mailing address MAY BE A POST OFFICE BOX)		5: 02
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	daZip Code
Nie Dertage I kan der Die der die I valle Die beine	A 4.	

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
MGRM	MATTHEW KEMP	14414 SALINGER RD.	= Add
		ORLANDO, FL 32828	□ Remove
			Change
			□ Add
			□ Remove
			SEURETARY OCT 4d OCT 4d OCT 4d
			□ Remove TO
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Filing Fee: \$25.00