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COVER LETTER

Divi	sion of Corpo	rations		
SUBJECT:	E&O 18 INVI	ESTMENTS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	ence concerning this matter	to the following:	
		OSNAT HAY		
			Name of Person	
		E&O 18 INVESTMENTS	LLC	
			Firm/Company	
		7366 NW 34TH STREET		
			Address	
	••	LAUDERHILL, FL 33319		
		ASITRISH@BELLSOUTH	City/State and Zip Code	
	•	-	to be used for future annual report notificat	ion) IS
For further in	formation con	cerning this matter, please ca	all:	
OSNAT HA	Y	•	516 808-1836	12 P LE D
	Name of Po	erson	Area Code Daytime Te	lephone Number
Enclosed is a	check for the	following amount:		
≌ \$25.00 Fi	ling 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)

MAILING ADDRESS:

TO:

Registration Section

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

E&O 18 INVESTMENTS LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability	Company were filed on 08/16/2016	and assigned
Florida document number L16000153166	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
, ,		
		2 Z
B. If amending the registered agent and/or reg		ter the name of the ne
registered agent and/or the new registered office ad	dress here:	
·		들듯 후
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		,
· · · · · · · · · · · · · · · · · · ·	Enter Florida street 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 = Ma $AMBR = Aa$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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ctive date, if other than the	e date of filing: ist be specific and cannot be prior to date	of filing or more than 90 days after fili	II) 音点 と
e: If the date inserted in this b	lock does not meet the applicable s	tatutory filing requirements, this da	te will not be liste
iment's effective date on the I	Department of State's records.		
ecord specifies a delaye ne 90th day after the rec	d effective date, but not an cord is filed.	effective time, at 12:01 a.m	ı. on the earlie
d JUNE 19	2017		
~_/	··································		

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Typed or printed name of signee

Filing Fee: \$25.00