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PICK-UP WAIT	MAIL
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	, 1	COVER LETTER
TO: Registration S Division of Co		
SUBJECT: E&O 181	NVESTMENTS LLC	Limited Liability Company
	Name ()	Estimed Chamity Company
The enclosed Articles o	f Amendment and fee(s) are	submitted for filing.
Please return all corresp	ondence concerning this ma	tter to the following:
	OSNAT HAY	Name of Person
	E&O 18 INVESTM <b>E</b> N	
	7244 NW: 247H CTOP	Firm/Company
	7366 NW 34TH ST <b>re</b>	Address
	LAUDERHILL FL. 33	
	ASTRISHESZU Femaliada	City/State and Zip Code
For further information	concerning this matter, pleas	
OSNATHAY		516 808-1836 at ()
	of Person	Area Code Daytime Telephone Number
Enclosed is a check for  ■ \$25.00 Filing Fee	the following amount:    \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Regis Divis P.O. 1	tration Section fon of Corporations Box 6327 hassee, 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 Liability Company as it now appears on our records.)

[A Florida Limited Liability Company] The Articles of Organization for this Limited  $\stackrel{\text{\tiny II}}{\text{\tiny Light}}$  ability Company were filed on  $\frac{08/16/2016}{}$ and assigned Florida document number L16000153166 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET <u>ADDRESS)</u> Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 0 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida j City

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

	from our records:		nd address of each person being added		
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
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fective date, if other than the neffective date is listed, the date muster. If the date inserted in this blocument's effective date on the D	date of filing:  It be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing repartment of State's records.	(optional) than 90 days after filing.) Pursuant to 605.02 equirements, this date will not be listed
record specifies a delayed The 90th day after the rec	d effective date, but not an effective time ord is filed.	ne, at 12:01 a.m. on the earlier
OCTOBER 25		
	Signature of almember or authorized representative of	a member
OSNATHAY		
<del></del>	Typed or printed name of signee	<del>-</del>