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C Kinsey

COVER LETTER

Division of Co	•			
CHOICE 1 INVESTMENT GROUP LLC SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Roy Ziv			
		Name of Person		
	RZ RE Investments LLC			
		Firm/Company	• • •	
	1005 SYMPHONY ISLES	SBLVD		
		Address		
	APOLLO BEACH, FL 33	572		
	Zrzmzo@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
Roy Ziv		917 288-3778		
		at () Area Code Daytime	Telephone Number	
Enclosed is a check for	the 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 Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section

TO:

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

CHOICE I INVESTMENT GROU	IP LLC			2020 MAR 19 SELLLAHA	
(Name of the Limit	ted Liability Compa (A Florida Limited l	ny as it now ar Jiability Compa	opears on our records.)	P. A.	
The Articles of Organization for this Limited L Florida document number L16000167722 This amendment is submitted to amend the following the content of the content is submitted to amend the following the content of t		were filed or	1 09/08/2016	S and assigned	
A. If amending name, enter the new name of	f the limited liab	ility compan	y here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company,"	the designation "LLC" or th	ne abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1005 SYMPHONY ISLES BLVD			
		APOLLO E	3EACH, FL 33572		
Enter new mailing address, if applicable:		1005 SYM	PHONY ISLES BLVD		
	(Mailing address MAY BE A POST OFFICE BOX)		BEACH, FL 33572		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	、		s on our records, <u>en</u>	ter the name of the new	
	1005 SYMPHONY ISLES BLVD				
New Registered Office Address:	Enter Florida street address				
	APOLLO BEACH		Florida	Florida 33572	
		City	, Fiorida	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as _i registered office	performanc provided for	re of my duties, and La in Chapter 605, F.S.	am familiar with and Or, if this document is	

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	Roy Ziv	1005 SYMPHONY ISLES BLVD APOLLO BEACH, FL 33572	≅ Add
			Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
		.	□ Remove
			Change

f amending any other informat	non, enter change(s) here.	(Anden deathonal she	ers, ly necessary.)	
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Effective date, if other than the fan effective date is listed, the date must be listed. The date must be listed in this blocument's effective date on the D	lock does not meet the applica	o date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Pursuant to ements, this date will not be	605.0203 listed as
e record specifies a delayed The 90th day after the rec		an effective time, a	t 12:01 a.m. on the ea	arlier o
March 16 Dated	2020			
		_		
	Signature of a member or author	rized representative of a me	mber	-
Roy 7iv Manager of D	Z RE Investments LLC, as M			
Koy Ziv, Manager Of K		d name of signee		_

Page 3 of 3

Filing Fee: \$25.00