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S. WARREN AUG 1 7 2017

COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT:	<u> </u>	HMENT Servi	ces LLC.
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Lite	Name of Person	
	L & S	Investment Firm/Company	Services, LLC
	7453 h	s. 22 Ave Su Address	ite 103.
	Charal-	City/State and Zip Code Code	. COM
For further information co	ncerning this matter, please co	·	
Lituan Name of	Chang Person	at (305) 793- Area Code Daytime	9531 Telephone Number
Enclosed is a check for the	e 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 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**

L&S Investment		ces, LLC.	
(Name of the Limited Liability Company (A Florida Limited Lia	/ as it now appears of ability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company w	vere filed on $\underline{\mathcal{D}}$	°C. 13, 2016	and assigned
Florida document number L16000 225615			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability			
The new name must be distinguishable and contain the words "Limited Liability	ervices	ingtion "I I C" or the abbrev	istion "L. C."
	, company, and desig	yracion and are anner	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered offi	ce address on o	ur records, enter the	name of the new
registered agent and/or the new registered office address here:		, 	
Name of New Registered Agent:			
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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is lote: If the date	if other than the dat is listed, the date must be inserted in this block tive date on the Depar	specific and cannot be does not meet the a	applicable statutory fi		filing.) Pursuant to	
e record spec The 90th da	cifies a delayed efi y after the record	fective date, buils filed.	ut not an effective	e time, at 12:01 a	a.m. on the ea	arlier of
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	Sign	pature of a member of	r authorized representat	ive of a member		

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Filing Fee: \$25.00