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S. WARREN 0CT 2 7 2017

COVER LETTER

TO:	Registration Se Division of Cor			
CIIDI		INVESTMENTS LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The c	nclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		THOMAS RINGEL, ESQ.		
			Name of Person	
		MARKOWITZ, RINGEL,	TRUSTY & HARTOG, P.A.	
			Firm/Company	
9130 SOUTH DADELAND BLVD., SUITE 1800				
			Address	
		MIAMI, FL 33156		
			City/State and Zip Code	
		masciom@gmail.com		
		E-mail address: (1	o be used for future annual report notifi-	cation)
For fu	irther information co	oncerning this matter, please ca	dl:	
THOMAS RINGEL, ESQ. at (305 670-5000 at ()	
			Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
■ \$3	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. 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

GM & PD INVESTMENTS LLC						
(Name of the Limit	ted Liability Company a (A Florida Limited Liabi	s it now appears on our recor lity Company)	<u>ds.</u>)			
	iability Company we	re filed on 02/13/2017		and as	signe	i
Florida document number L17000031960						
This amendment is submitted to amend the foll	owing:					
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 "L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our 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: 1969 S. ALAFAYA TRAIL, UNIT 242						
The new name must be distinguishable and contain the v	words "Limited Liability (Company," the designation "LL	C" or the	e abbreviation "L	,,,,,C."	
Enter new principal offices address, if applic	cable: _					
Principal office address MUST BE A STREE	ET ADDRESS) _					
	-					
Enter new mailing address, if applicable:	_					
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	· · · · · · · · · · · · · · · · · · ·				
	_					
B. If amending the registered agent and registered agent and/or the new registered o	or registered office	e address on our record	ds, <u>ent</u>	er the name	of t	he new
Name of New Registered Agent:	MICHELLE MAS	CIO			007	<u>~</u> .
New Registered Office Address	1969 S. ALAFAY	A TRAIL, UNIT 242		SS1.	26	
Negistered Office Address.		Enter Florida street addr	ess		ř	
	ORLANDO	, F	lorida	32828	ë	
		City		Lip Code	.0 5	

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>	Address	Type of Action
AMBR	GIOVANNA MASCIO-CRESPO	1969 S. ALAFAYA TRAIL #242	
		ORLANDO, FL 32828	■ Remove
			☐ Change
AMBR	MICHELLE MASCIO	1969 S. ALAFAYA TRAIL #242	= Add
		ORLANDO, FL 32828	🖸 Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Remove
			Change
			□ Add
			Remove
			— Change
			Add 26 Remove 11 Condition Change
			G Change

amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessa	u <i>y.j</i>		
				
		-		
<u>Note:</u> If locumen e reco	e date, if other than the date of filing:	ng.) Pursuant t te will not b	e listed	las
Dated	10/24/2017			
	m/mlu m/m	₽Ţ.cr	_	
	Signature of a member or authorized representative of a member		7 00	
	MICHELLE MASCIO		126	
	Typed or printed name of signee	 		
	Page 3 of 3	FLOF	AM 10:	
	Filing Fee: \$25.00		8	

Filing Fee: \$25.00