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S. WARREN JUN 3 0 2017

## **COVER LETTER**

	egistration Secti ivision of Corpo ,/5			
SUBJECT	EEV	/ Investment	SILC	
		Name of Line	ited Liability Company	<u></u>
The enclos	ed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspond	ence concerning this matter	to the following:	
		Eyad	Malik Name of Person	
				-
		EEV -	Dryestments Firm Company	LLC
			Firm Company	
		11399	Flenlaure Look	s cir
			Flenlaureloak  Address	
		Tax 1	EI 30257	
			City State and Zip Code	
		emalih	FL 32357 City State and Zip Code 81@ hotmail to be used for future annual report notifi	, Com
			•	cation)
For further	information con	cerning this matter, please co	aff:	
	Friad !	Malih	at ( <u><b>904</b></u> ) <u>314</u> Area Code Daytime	_4558
<del></del>	Name of Po	erson	Area Code Daytime	Telephone Number
Enclosed i	s a check for the t	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

EEV investments ILC

( <u>Name of the Limited Lie</u> (A FI	ability Company as it now appears on corda Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili Flortda document number <u>L 17000103</u> 5	ty Company were filed on <u>Ma</u>	2017 and assigned
This amendment is submitted to amend the following	g:	
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 Etability Company," the designa	tion "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	DDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<del></del>	
B. If amending the registered agent and/or r registered agent and/or the new registered office :		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida su	reet address
		, Florida
	City	, Florida

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 Page 1 of 3

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

Title <u>Name</u> Address Type of Action 11701 palm lake by AH 1306 Elias Kussab AMBR Tacksonville Fl 32218 ( Remove ☐ Change AMBR VANGTEL VITO 4511 cinderbed Dr DAG Jacksonville Fl 3257 (Bremove \_□ Change OLÎMbi Vito AMBR 4511 Cinderbed Dr TICKSONVILLE FL 32257 - Remove ☐ Change ☐ Remove □ Change □ Add <u>िह्न</u>ा स्तुव □ Remove ☐ Change

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