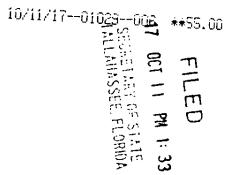
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10/19/17

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CFTV INVESTMENTS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DONALD E JOHNSON Name of Person
CFJV INVESTMENTS LLC Firm/Company
5953 FEATHER LN Address
SANFORD FL 32771 City/State and Zip Code
don john son etime value assets. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DONALD E JOHNSON at (407) 920-1182 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is emplosed) S25.00 Filing Fee Scrifficate 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

CHIV TWA	ESTMENTS LL	
(Name of the Limited L (A F	iability Company as it now appears on our reco lorida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabil Florida document number 170001234		2017 and assigned
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	1
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviationL.C.
Enter new principal offices address, if applicable	2:	SS
(Principal office address MUST BE A STREET A	DDRESS)	58 2 0
		980A 33
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	,	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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	T.F.Y. INVESTORS LLC	5609 SUNCREEK CT	
		ORLANDO, FL 32839	🗆 Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			_D Add
			Remove
			_ Change
			_□ Add
		 	Remove
			Change
			Add
			_□ Remove
			_□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•		
•		
•		
		2 2 3 3 7 7
	SEE E	سيد ات
		33
(If an el	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	he earlier of:
Dated	Λ	
	Signature of a member or authorized representative of a member	
	DENALD E. JOHNSON JR aS AUTHORIZED MEMBER	

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Filing Fee: \$25.00