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TALLANASSEE ELOSMA

J. LEGGETT

## **COVER LETTER**

TO:	Registration Sec Division of Cor				
CHD II		RY RG INVESTMENT, LLC			
SUBJI		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
Please	return all correspo	ndence concerning this matter	to the following:		
		ROGER LOPEZ			
			Name of Person		
		BENTLEY INVESTMEN	r Group		
Firm/Company				<del></del>	
	1555 BONAVENTURE BLVD SUITE 1019				
			Address	<del></del> -	
		WESTON, FL 33326			
			City/State and Zip Code	<del></del>	
		ROGERL@NENGLANDIN	SC.COM to be used for future annual report notifi	enton)	
For fur	ther information co	oncerning this matter, please ca		cations	
ROGE	R LOPEZ		954 8012747 at ( )		
	Name of	Person		Telephone Number	
Enclose	ed is a check for th	e following amount:			
☑ \$2:	5.00 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

DISCOVERY RG INVESTMENT, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.17000187048	were filed on 09/01/2017 and assigne
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	OV F
'né	——————————————————————————————————————
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
i. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	
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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YAHEN C MARTINEZ	1555 BONAVENTURE BLVD.	<b>≅</b> Add
		Suite 1019. Weston, FL 33326	Add
			□ Remove
	*		Change
			□ Кетюче
			☐ Change
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fective date, if other than the da	ate of filing: (optional)
n effective date is listed, the date must b	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
cument's effective date on the Depa	k does not meet the applicable statutory filing requirements, this date will not be listed artment of State's records.
record specifies a delayed e	effective date, but not an effective time, at 12:01 a.m. on the earlier
The 90th day after the record	d is filed.
1 1 - 1 10-1 10-1 - 10-1	2017
NOVEMBER 17	
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nted NOVEMBER 17	gnature of a member or authorized representative of a member
nted NOVEMBER 17 Signature	gnature of a member or authorized representative of a member  Mana Jose Cronachi  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00