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## COVER LETTER

TO:	Registration 5 Division of Co			
SUBJI	жт: <u></u>	entral Floria Name of Li	dev Invest r	ment group 2 LLC
The cn	closed Articles o	f Amendment and fee(s) are su	hmitted for filing	
		ondence concerning this matte		
		Central F	Name of Person	ruestment group 2 LC
		<u> 707</u> /	Maybank Address	Loop
		The bibk	City/State and Zip Code	<u>FL 32162</u>
For furth	er information o	E-mail address: ( oncerning this matter, please or	to de used for future annual report	notification)
_B	ONNIE Name o	J. Blate	at (305)	7 42 - 4372 vrime Telephone Number
Enclosed	is a check for th	e following amount:		
<b>杖</b> \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COU Registration Sec Division of Con Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

West Ment group 2 The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number \_\_ L 18 00000 1549 This amendment is submitted to amend the following: 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 Liability Company," the designation "LLC" or the abbreviation "L.I.C" 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) B. 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: Enter Florida street address , Florida Cirv 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 A	Authorized Person(s) authorized to man- nom our records:	age, <u>enter t</u>	he title	, name, and	address of ea	ach person being added
MGR = Mai AMBR = Aut	nager thorized Member					
Title	Name	Address				Type of Action
1gR	Peter J. O'Connell	70	7 N	Tay bour	it Loo	P
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f amending any other information, enter change(s) h	(Attach additional sheets, if necessary.)
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	AT .
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Tective date, if other than the date of filing:	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
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The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of
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Bassa	a Ascorta ) Man
Signature of a member or art	thorized representative of a member
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