L18000033018

(Reque	estor's Name)	
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(City/S	tate/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

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SECRETARY OF STATE

COVER LETTER

TO:	Registration Security Division of Corp			
CHID IE		L INVESTMENTS, LLC		
SUBJE	~I:	Name of Lim		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		FRANZ C. JOBSON		
			Name of Person	
•		FRANZ C. JOBSON, P.A.		,
		-	Firm/Company	
		500 SW THIRD AVENUE	3	
			Address	
		FORT LAUDERDALE, F	LORIDA 33315	
			City/State and Zip Code	
		INFO@JOBSONLAW.COI		
		E-mail address: (to be used for future annual report notific	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
FRANZ	C. JOBSON		954 594.6008 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

BALMORAL INVESTMENTS, LL				
(Name of the Limite	d Liability Comp: A Florida Limited	any as it now appears on Liability Company)	our records.)	
he Articles of Organization for this Limited Lia		were filed on $\frac{02/26/2}{}$	018	and assigned
lorida document number L18000033018	·			
his amendment is submitted to amend the follo	wing:			
. If amending name, enter the new name of	the limited liab	oility company here:		·
I/A				
he new name must be distinguishable and contain the wo	ords "Limited Liabi	ility Company," the design	ation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applica	ble:	N/A		
Principal office address MUST BE A STREET	(ADDRESS)			3 2 2 3 3 3 3 3 3 3 3 3 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		CHETARY OF STATE LAHASSEE, FLOR DA
. If amending the registered agent and/o egistered agent and/or the new registered off	_		r records, enter t	he name of the
N. CN. B. L. LA	N/A			
Name of New Registered Agent:	. 17 6 9			
New Registered Office Address:	N/A		· · ·	
		Enter Florida s	treet address	
			, Florida	
		Ciţv		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 aniending 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	ROBERT DABDOUB	9226 N US HIGHWAY 27	□ Add
		OCALA, FL 34482	Remove
			☐ Change
MGR F	FRANZ C. JOBSON	500 SW THIRD AVENUE	Add
		FORT LAUDERDALE, FL 33315	☐ Remove
			Change
AMBR	ROBERT DABDOUB	C/o 9226 N US HIGHWAY 27	
		OCALA, FL 34482	☐ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
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			Remove
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ectiv	ve date, if other	than the date	of filing	02/28/20	18			_ (option	al)		
effe	ctive date is listed, th	ne date must be s	pecific and	I cannot be p	rior to date o	f filing or me	ore than 90 c	lays after fil	ling.) Pursu	ant to 6	05.0
	If the date inserted ent's effective date					utory filing	requiremo	ents, this d	ate will no	ot be 11	stea
reco	ord specifies a	delayed eff	ective c	late, hut	not an ei	fective ti	me, at 1	2:01 a.r	n, on th	e ear	lier
he	90th day after	the record	is filed.	, 540			,				
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ed ²	28TH FEBRUARY	Y		2018	> .						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00