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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 615 investments LLC Name of Limited Liability Company
Table of Sillines State in y Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mychael Hollis Name of Person
6/5 NUESTMENTS LLC Firm/Company
110 Lake Mery 1 Dr Apt 210
West Palm Porch FL, 33411 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
My chael Hollis at (561) 516-4803 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certificate of Status \$\Bigcup \\$ Certificate of Status \$\Bigcup \\$ 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

615 In	vest ments	LLC	<u> </u>		
(<u>Name of the Limite</u>	d Liability Compar A Florida Limited L	ny as it now appears on iability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L180000</u>	bility Company 383 <i>0</i> 6	were filed on <u>02</u> /	15/2018	and assign	ied
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and contain the we	ords "Limited Liabili	ity Company," the design	nation "LLC" or the a	abbreviation "L.L.C	
Enter new principal offices address, if applica	ble:	***		ಹ	\$1410
(Principal office address MUST BE A STREET ADDRESS)			·		CRE T
					
Enter new mailing address, if applicable:				AM (O	RPOR
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	10. T.
		<u></u>		<u>-</u> -	
B. If amending the registered agent and/oregistered agent and/or the new registered off			r records, <u>ente</u>	the name of	the new
Name of New Registered Agent:	Myci	hael Hollis			
New Registered Office Address:	110 la	hac Hollis he Mary (1) Enter Floridas City City	rive Aft street address	2/6	
	West Ro	alm Beach	, Florida _	33411	
		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.

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	William A Hollis	110 Lake May 1 Dr Apt 210	Add
		110 Lake Meryl Dr Aft 210 West Palm Beach F1, 33411	Remove
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			D Add
			Remove
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e record specifies a dela The 90th day after the	record is filed.	•				
e record specifies a dela The 90th day after the Dated 7/15/18	record is filed.	. 2:30 pm	<u>4</u> .			
The 90th day after the	record is filed.	. 2:30 pm	Waller.			

Page 3 of 3

Filing Fee: \$25.00