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MAN T B JAVA

S. PRATHER

COVER LETTER

TO: Registration Secti Division of Corpo	on rations (nue.str	neuts-1 Managem	nent, LLC
SUBJECT: 5	Name of Limite	d Liability Company	
The enclosed Articles of An	nendment and fee(s) are submi	tted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
•	Che	Warne of Person	th
	75 N.	Firm/Company W. 188 St.	
	Mia	MI FL 33	169
	E-mail address: (to	be used for future annual report notificati	on)
For further information con-	cerning this matter, please call H Sm (Hat (786 503) Area Code Daytime Tel	PLO14 Jephone Number
Enclosed is a check for the	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, F1. 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

50/ei Investme	ents and Manage	ement, LLC
(Name of the Limited Liability) (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	/ /
The Articles of Organization for this Limited Liability C	Company were filed on 4 (C)	and assigned
This amendment is submitted to amend the following:		超 57
A. If amending name, enter the new name of the lim	nited liability company here:	9 PM 9 PM SSEELF
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		三
(Principal office address MUST BE A STREET ADDI	RESS)	15-24-280-2
Enter new mailing address, if applicable:	.	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		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>	Name	Address	Type of Action
MCR	Kenneth R. Smri	Address H. 75 N.W. 188St. Miami, FL. 33169	Add
		Miami, LL 33169	Remove
			Change
			Remove
			☐ Change
			Remove
			Change
	.		
			Remove
			Change
			Add
			□ Remove
			Change
			🖸 Add
			Remove
		<u></u>	

D. II AMERUN	og any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)	
			
		,	
			_
			
			
Note: If th	ate, if other than the date of filing:	al) ling.) Pursuant t ate will not b	o 605.0207 (3)(be listed as the
	specifies a delayed effective date, but not an effective time, at $12:01\ a.r$ h day after the record is filed.	m. on the ϵ	arlier of:
	4 10		
Dated	<u>11- 19</u> , <u>2018</u> .		
Dated	C/Christ.	<u></u>	2018
Dated	Signature of a member or authorized representative of a member Chery R. Smith Typed or printed name of signee	TALL AHASSI	FILED 2016 NOV 19 PM

Filing Fee: \$25.00