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Certified Copies	_ Certificates	s of Status
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COVER LETTER

то:		istration Sec ision of Corp			
cutnu	ECT.	AWH&T IN	EVESTMENT II LLC		
SUBJ	ECI:		Name of Limi	ted Liability Company	
The er	nclosed	l Articles of A	Amendment and fec(s) are sub-	mitted for filing.	
Please	return	all correspon	ndence concerning this matter	to the following:	
			Tom Assouline		
			AWH&T INVESTMENT I	Name of Person LLLC	
			2858 N University Dr	Firm/Company	
			Coral Springs, FL 33065	Address	
			tom@stellapm.com	City/State and Zip Code	
			E-mail address: (t	o be used for future annual report n	otification)
For fu	nther in	nformation co	oncerning this matter, please ca	ill:	
Tom A	Assouli	ine		954 531-4892	
		Name of	Person	at () Area Code Dayt	ime Telephone Number
Enclos	sed is a	check for th	e following amount:		
≌ \$2	25,00 F	iling 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

(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited 1 Florida document number		ny were filed on	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	ability company here:	
N/A			<u>_</u>
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designat	
Enter new principal offices address, if appli	cable:	N/A	SEP 24
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
			<u></u>
Enter new mailing address, if applicable:		N/A	S. 15
Mailing address MAY BE A POST OFFICE	EBOX)		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			records, enter the name of the
rame of their registered rigent.	N/A		
New Registered Office Address:		Enter Florida stre	eet address
	N/A	EMPTER A 1977 4 4446 S197 6	, Florida
		City	Zin 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	William Assouline	5621 E Leitner Dr. Coral Springs, FL 33067	
			□ Remove
			Change
	-		🗆 Add
			□ Remove
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ctive date, if other than the cellective date is listed, the date must in the date inserted in this blo	ck does not meet the app	licable statutory filing	ore than 90 days after filing requirements, this days	al) ng.) Pursuant to 605.020 ate will not be listed a
iment's effective date on the De	partment of State's recor	ds.		
ecord specifies a delayed ne 90th day after the reco		not an effective t	ime, at 12:01 a.n	n. on the earlier
September 21st	2018			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00