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COVER LETTER

CHD IPZT.		RPRISES.LLC		
SUBJECT:			ted Liability Company	
The enclosed	l Articles of z	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	o the following:	
		LINDA ROTH, ESQ.		
			Name of Person	
		LINDA ROTH, P.A.		
			Firm/Company	
			Address	
		Miami, FL 33129		
			City/State and Zip Code	
		avargas1055@comcast.net		
			o be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	ll:	
Linda Roth,	Esq.		305 774-7070 at ()	
· · · · · · · · · · · · · · · · · · ·	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	n check for th	e tollowing amount:		
□ \$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:

TO:

Registration Section Division of Corporations

> 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**

4350 ENTERPRISES, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7-19-18 Florida document number $\underline{\underline{L}}_{\underline{-}}^{18000174433}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ACG INVESTMENT VIII, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 12335 SW 112 St Enter new principal offices address, if applicable: Miami, Fl 33186 (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 a	uddress
	City	Florida

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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
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(If an effec <u>Note:</u> If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nat's effective date on the Department of State's records.
f the reco b) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Decomber 21 2018
	December 21 2018. Signature of a number of authorized representative of a member
	ALFONSO VARGAS, Manager
	Typed or printed name of signee

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Filing Fee: \$25.00