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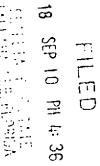
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor		•	
	orrection to include unit number		
SUBJECT:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are submodence concerning this matter t		
	Laura Huz	,	
		Name of Person	
Huz Investments LEC			
		Firm Company	
	9303 SW 227 Street Address		
	#8		
	Cutler Bay, I		
	F-mail address: ()	to be used for future annual report not	dication)
For further information c	concerning this matter, please ea	ill:	
Laura Huz		786 288-6815	
Name (of Person	at () Area Code Daytin	te Telephone Number
Enclosed is a check for t	he following amount.		
■ \$25 00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed:	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed)
	JNG ADDRESS:	STREET/COUR Registration Secti	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUZ INVESTMENTS LLC

(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ned Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number	oany were filed on August 22, 2018 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
N A			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "F.L.C."		
Enter new principal offices address, if applicable:	9303 SW 227 Street		
(Principal office address MUST BE A STREET ADDRESS	S) **S		
	Cutler Bay, Florida 33190		
Enter new mailing address, if applicable:	9303 SW 227 Street		
(Mailing address MAY BE A POST OFFICE BOX)	#8		
	Cutter Bay, Florida 33190		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: N.A.	ed office address on our records, <u>enter the name of the name</u> :		
Stand Davids and 17005 of Valley of 9303 SW 2	227 Street #8		
New Registered Office Address: 9303 SW	Enter Florida street address		
Cutler Bay	Florida 33190		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Ag	gent:		

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 tamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, it 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
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			☐ Change
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(If an effective Note: If the	late, if other than e date is listed, the date he date inserted in thi is effective date on th	must be specific and c s block does not me	annot be prior to dat et the applicable s	e of filing or more than tatutory filing require	(optional) 90 days after tiling.) ements, this date v	Pursuant to 605,0207 (zill not be listed as t
	l specifies a dela th day after the		ite, but not an	effective time, a	t 12:01 a.m. c	n the earlier of:
Dated	August 5	Signature of a m	2018	representative of a mer	D D	
		LAURA HUZ		.,		
			Typed or printed nai	ne of signee		

Page 3 of 3

Filing Fee: \$25.00