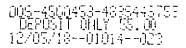
4500243850

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000321387940



18 DEC -5 AM 8: 10

PELIA IARY OF STATE SELVA IARY OF STATE SELVATIONS OF THE SELVATIONS



COVER LETTER ,

TO:	Registration Se Division of Co		•			
SUBJE		REE INVESTMENTS OF SF L	I.C			
30001.	·	Name of Lim	ited Liability Company	.		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		LINDA ROTH, ESQ.				
			Name of Person			
		LINDA ROTH, P.A.				
			Firm/Company			
		2333 Brickell Avenue Suit	e A-1			
			Address			
		Miami, Fl 33129				
			City/State and Zip Code	·		
		lr@lindarothlaw.com				
		E-mail address: (1	to be used for future annual report noti-	ication)		
For furth	ner information c	oncerning this matter, please ca	all:			
Linda R	Linda Roth, Esq. 305 774-7070 at ()					
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed	l is a check for th	ne following amount:				
□ \$25.0	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, 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

PEACHTREE INVESTMENTS O					
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on ou liability Company)	r records.)		
The Articles of Organization for this Limited Florida document number L18000243850	anc	_ and assigned			
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation	n "L.L.C."	
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STREET ADDRESS)				SI -	
			-5		
Enter new mailing address, if applicable:				<u> </u>	
(Mailing address MAY BE A POST OFFICE	EBOX)		<u> </u>	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of			records, <u>enter the na</u>	me of the nev	
Name of New Registered Agent:					
New Registered Office Address:	2333 Brickell A	venue Suite A-I			
		Enter Florida street address			
	Miami		, Florida		
		City	Zip C	ode	

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 Title <u>Name</u> <u>Address</u> Type of Action ____ □ Add _□ Remove _____ Change __ 🗆 Add _□ Remove _□ Change □ Add _□ Remove _____ Change _□ Add ☐ Remove □ Add __□ Remove _____ Change _□ Add ☐ Remove

_							-		
		· - ·			<u> </u>				
_				 					_
_									
_									_
_								·	
_									
									<u>-52</u>
_								- 	- 불분 - 경반.
_									
								8	- 삼요8
									
									7
		 _							
_			· -						
Effectiv	ve date if ath	or than the data	of filing:				Contion	a IV	
t an etle Nota: I	ective date is liste	er than the date d, the date must be sp rted in this block do	ecific and c	annot be prior	r to date of fili	ng or more than	00 days after tili	ing.) Pursuant to	605.0201
		late on the Departn				y minig requir	inches, uns de	ite will not be	nsted as
		s a delayed effe ter the record is		ite, but no	ot an effec	tive time, a	t 12:01 a.n	n. on the ea	arlier o
	Nt	27		2010					
Dated _	November	2+		2018	·				
		/.		10	_1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00