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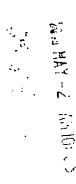
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO:	Registration Se Division of Cor			
CHDI		IGE INVESTMENTS LLC		,
SUBJE		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · ·
The en	closed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		PAIGE FIEDOROWICZ		
			Name of Person	
			Firm/Company	
			Address	
		DJBYCK@MSN.COM	City/State and Zip Code	_
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please c	all:	
DAVI	D BYCK		561 350-9278 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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

212 HAY -2 AH 10: 55

FRONTPAIGE INVESTMENTS LLC		·
(Name of the Limited Liabilit (A Florida	y Company as it now appears on ou Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on 1/18/19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our ress here:	records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	1	·····
	Enter Florida stree	et address
		, Florida
	Citv	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>	<u>Name</u> MICHAEL REAM	Address 1700 DOVER RD #204A	Type of Action
MGR		1700 DOVER RD #204A	
		DELRAY BEACH, FL 33445	Remove
			Change
			Add
			□ Remove
			Change
			
			Change
			
			Remove
			Change
		WILL	□ Remove
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Filing Fee: \$25.00