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COVER LETTER

TO: Registration Section Division of Corporations 5	•	&
SUBJECT: RHED'S N Name of Lin	QUE EYEZ nited Liability Company	Investment L
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Tamar	A FOSTEY Name of Person	
RHEDS	N QUE EYE	2 Involment
3211 5	J YUTHSH AV	y 200
For Laude	City/State and Zip Code	3
FCS Jev Jan E-mail address:	mana Jahoo. (to be used for future admual report notifi	Cation)
For further information concerning this matter, please c	all:	
Tamaria Foster Name of Person	at (75) 581 - Area Code Daytime	O999 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Bigcup \$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

\sim	71°	
KHED'S N QUE ((Name of the Limited Liability Compa	EVEZ INVESTMENT (L	Č
(A Florida Limited l	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1900135746	were filed on May 9,3019 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	:	
	- 1	
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<i>J</i>	
B. If amending the registered agent and/or registered of	Man address on any manual man, the control of	
registered agent and/or the new registered office address here	e:	<u>2W</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent-	,	

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>	Name	Address	Type of Action
MGR	Tamana foster	3211 SW 44th St Apr 200 Fortlandordale, R 33312	□ Add
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ective date, if other than the date of filing: the effective date is listed, the date must be specific and cannot be partial. If the date inserted in this block does not meet the apparament's effective date on the Department of State's reco	prior to date of filing o	r more than 90 d	_(optional) ays after filing.) nts. this date w	Pursuant to 605. Fill not be liste
	not an effective	e time, at 13	2:01 a.m. o	n the earlie
record specifies a delayed effective date, but ne 90th day after the record is filed.	not an enectiv			
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Page 3 of 3

Filing Fee: \$25.00