## L200000 (3616

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(É	Business Entity Name)			
(Document Number)				
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## COVER LETTER

Registration Section Division of Corporations

TO:

LEHIGH ( SUBJECT:	ONE INVESTMENTS LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YASSER LORENZO		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	<del></del>
	6101 WESTPORT LN	) I I I I I I I I I I I I I I I I I I I	<u> </u>
	NAPLES, FL 34116	Address	
	YARIYASSER@HOTMA	City/State and Zip Code	
		to be used for future annual report not	fication)
	concerning this matter, please c	all:	
YASSER LORENZO		239 825-8935	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEHIGH ONE INVESTMENTS 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 02/26/2020 \_\_\_\_ and assigned Florida document number L20000063616 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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 address

## 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.

Cin

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>	<u>Address</u>	Type of Action
MGR	YARIVEY MONTORO	6101 WESTPORT LN	<b>=</b> Add
		NAPLES, FL 34116	□Remove
MGR	YARIVERY MONTORO	6101 WESTPORT LN	
		NAPLES, FL 34116	■Remove
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Note: If the date inse	her than the date of fed, the date must be specificated in this block does to date on the Department	not meet the applica	o date of filing or morble statutory filing	(optiona e than 90 days after filir requirements, this da	l) ng.) Pursuant to 605.0207 te will not be listed as
	elayed effective date, bu	t not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
record specifies a ded is filed.					

Filing Fee: \$25.00