L20 0000 69123

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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APR 22 2020 I ALBRITTON

COVER LETTER

Division of Corp	orations		
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SUBJECT: L H	1 nvestments	LLC nited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
Troube retain at our aspon	Mence concerning this matter	to the following.	
	Chalas	7 14 1	
		7 + 4 g h Name of Person	·
		Firm/Company	 -
		, ,	
	7820 Peters	Road Suite F 10	4
	<u> </u>	Road Suite F10	/
	Plantation El	77774	
	- 1 14" 19 110", - F-L	33324 City/State and Zip Code	
		5 Q. 9 mq i/, com to be used for future annual report notifi	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co.	ncerning this matter, please ca	all:	
Charles It	tah	at (<u>954)</u> <u>214-0</u> Area Code Daytime	254
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
-	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

RECEIVED

MAR 23 2020



April 3,12020

CHARLES ITTAH 7820 PETERS ROAD STE. E104 PLANTATION, FL 33324

SUBJECT: LH INVESTMENTS LLC

Ref. Number: L20000069123

We have received your document for LH INVESTMENTS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 620A00007306

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L H Investments LL (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on c Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 000 0069/23</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
LH Funding LLC The new name must be distinguishable and contain the words "Limited Liab		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_N/A	
(Principal office address MUST BE A STREET ADDRESS)		020
		020
		10 1
Enter new mailing address, if applicable:	NIA	
(Mailing address MAY BE A POST OFFICE BOX)		$\stackrel{\Rightarrow}{\omega}$
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our <u>e:</u>	records, enter the name of the new
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	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 N/A AMBR = Authorized Member <u>Title</u> Name <u>Address</u> Type of Action

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f an effective da	te is listed, the date must be specific as	nd cannot be prior to date	of filing or more than 90 days a	fter filing.) Pursuant to 605.0207
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00