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COVER LETTER

TO:

	gistration Se vision of Cor			
CUB INCH		ESTMENTS, LLC		
SUBJECT:	:		ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		DOUG ZEIF		
			Name of Person	
			Firm/Company	
		7511 W. UPPER RIDGE I	DRIVE	
		PARKLAND, FL 33067	Address	
		ZEIF.DOUG@GMAIL.CO	City/State and Zip Code	
		_	to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please ca	all:	
DOUG ZE	IF		561 302-7491 at ()	
-	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for the	he following amount:		
\$25.00	Filing Fec	☐ \$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)
· · · · · · · · · · · · · · · · · · ·	ailing Addres		Street Address:	
	egistration S ivision of C	Section Corporations	Registration Se Division of Cor	
	O. Box 632	•	The Centre of T	•
	dlahassee l			e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEIF INVESTMENTS, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on ou Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L20000383809	were filed on 12/08/202	0 and assigned
This amendment is submitted to amend the following:		
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 Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		22
		-5 =
Enter new mailing address, if applicable:		≥ □
(Mailing address MAY BE A POST OFFICE BOX)		
printing dualess will be in our or in the		4.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et suldravs
	Jan Van Kild van Et	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capaci performance of my du provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document i.

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	JACOB H. ZEIF	7511 W. UPPER RIDGE DRIVE	
		PARKLAND, FL 33067	□Remove
			□Change
AMBR	SAMUEL D. ZEIF	7511 W. UPPER RIDGE DRIVE	= Add
		PARKLAND, FL 33067	Remove
			□ Emange
			G Add T
			Remove
			Remove
			Change
			□Add
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			□ Adđ
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		7:
		
ffective date, if other than th	12/17/2020	(optional)
an effective date is listed, the date mi	ust be specific and cannot be prior to date of filing or	r more than 90 days after filing.) Pursuant to 605.02
		ling requirements, this date will not be listed
ocument's effective date on the I		
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ocument's effective date on the I	ve date, but not an effective time, at 12:01 a.m	m. on the earlier of: (b) The 90th day after th
record specifies a delayed effecti is filed.		m. on the earlier of: (b) The 90th day after th

Filing Fee: \$25.00