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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status

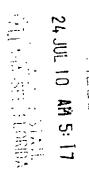
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COVER LETTER

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TO: Registration Division of 0	n Section Corporations		
SUBJECT:	444 INVESTMENT	PROPERTY LLC	
	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	YOVANKE	LAMBERT	
		Name of Person	
	HHH IMVES	TMENT PROPERTY LL	С
	Lan N E	• •	
	4200 N F	Address	
	WEST PALM	REACH FURTOA 331	407
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lamberto 1@9mail.com	
	E-mail address: (to be used for future annual report not	ification)
For further informatio	n concerning this matter, please ca	all:	
YOVANKE	LAMBERT te of Person	at (0 1) 7543 Area Code Daytim	080153
Nam	e oi reison	Area Code Daytım	e Lelephone Number
Enclosed is a check fo	or the following amount:		
☎ \$ 25.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Cor (A Florida Limit	DAT PROPERTY mpany as it now appears on led Liability Company)	Our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 24 000 195543</u> .		,	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the design	nation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			2
(Principal office address MUST BE A STREET ADDRESS))	= .	<u></u>
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		ion.	
Enter new mailing address, if applicable:		 	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our recor	rds, <u>enter the name o</u>	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
	City	, Florida	Zip Code
	Citiv		глр Соае

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 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>	Address	Type of Action
MER	YOVANKE LAMBERT	4200 N FLAGIEZ DETVE	⊠Add
		WEST PAUM BEACH	□Remove
		FWRTOA, 33407	□Change
			□Add
			□Remove
		·	□ Change
	-		□ Add
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			□Change
 .			⊡Add
			□Remove

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