10000 20° Division of Corp

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : ASSOCIATED TAX CONSULTANTS GROUP

Account Number : I20110000056

: (305)823-9292

Fax Number

: (305)824-0703

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE INVESTMENT EMPORIUM LLC

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF LANGENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 DEC -3 AM 7: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	NVESTMENT EMPORIUM LLC		
(Name of the Limited Lia (A Plo	bility Company as it now appears on our recordida Limited Liability Company)	ds.)	
he Articles of Organization for this Limited Liability lorida document number	Company were filed on 11/26/2012	and assigned	
his amendment is submitted to amend the following	:		
. If amending name, enter the new name of the li	imited liability company here:		
he new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C,"	
Enter new principal offices address, if applicable:	·		
Principal office address MUST BE A STREET AD	DRESS)		
Inter new mailing address, if applicable:	·		
<u>Mailing address MAY BE A POST OFFICE BOX)</u>			
P TC	* 4 7 - 400 3-7	1 · 4 · 4 · · · · · · · · · · · · · · ·	
 If amending the registered agent and/or req egistered agent and/or the new registered office ad 	gistered office address on our record <u>idress here</u> :	is, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
· · · · · · · · · · · · · · · · · · ·		lorida	
•	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

Page 1 of 3

If amending Authorized Person(s) authorized to manage center 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
MGR	ANTONIO PENA FAMILY LIMIED POT + nevship	7575 W 2ND COURT	Add
		HIALEAH, FL 33014	■ Remove
			☐ Change
MGR	PENA, ANTONIO	7575 W 2ND COURT	Add
		HIALEAH, FL 33014	□ Remove
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ted	11/26	2015		
	. 6. /			
	Signature of a r	member or authorized representative	of a member	· -
	/			
		ANTONIO PENA		

Filing Fee: \$25.00