# L110000 44656

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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# **COVER LETTER**

2491 INV SUBJECT:	ESTMENTS LLC		
700MC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SAUL VELEZ		
		Name of Person	
	B AND P CONSULTANT	S SERVICES INC	
		Firm/Company	
	Name of Limited Liability Company  closed Articles of Amendment and feets) are submitted for filing.  return all correspondence concerning this matter to the following:    SAUL VELEZ		
		Address	
	KISSIMMEE, FL 34741		
	<b>-</b>		
		·	neation)
For further information (	concerning this matter, please ca	all:	
SAUL VELEZ			Daytime Telephone Number  2
Name (	of Person	Area Code Daytime	e Telephone Number
inclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2491 INVESTMENTS LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company wo lorida document number <u>L11000044656</u>	ere filed on <u>04/14/2011</u>	and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabilit	y company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	he abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	-	
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nter new mailing address, if applicable:		<b>~</b> ₹\$-
•		
Agiling address MAY BE A POST OFFICE BOX)		
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. If amending the registered agent and/or registered offic	ee address on our records, <u>en</u>	ter the name of the
gistered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Florida	1

### 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

Zip Code

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
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		HALLANDALE BEACH, FL	
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	09/17/2018				
ctive date, if other than the date offective date is listed, the date must be	te of filing: specific and cannot be prior to	o date of tiling or more t	(optional) nan 90 days after tiling.)	Pursuant to	605.03
: If the date inserted in this block	does not meet the applical				
iment's effective date on the Depar	rtment of State's records.				
ecord specifies a delayed ef ne 90th day after the record		an effective time	, at 12:01 a.m. o	n the ea	arlier
ie 30th day after the record	i is ilieu.				
d SEPTEMBER 17	2018				
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Page 3 of 3

Filing Fee: \$25.00