

LB00010216

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : R&P ACCOUNTING AND TAXES INC
Account Number : 120170000090
Phone : (305)358-1310
Fax Number : (305)503-6701

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

Email Address: arod8723@gmail.com

RECEIVED

2024 MAR 28 AM 9:06

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAR 28 PM 2:30

FID

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LE TOTE INVESTMENT GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LE TOTE INVESTMENT GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/22/2013 and assigned Florida document number L13000010216.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

968 NW 79TH TERRACE

PLANTATION, FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

968 NW 79TH TERRACE

PLANTATION, FL 33324

2024 MAR 28 PM 2:30

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NISPRO CORP	FLEMMING HOUSE WICKHAMS CAY	<input type="checkbox"/> Add
		PO BOX 662	<input checked="" type="checkbox"/> Remove
		ROAD TOWN, TORTOLA VG	<input type="checkbox"/> Change
AMBR	DEBORAH JUDITH PROBE	968 NW 79TH TERRACE	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GERARDO SAUL NISENBAUM	968 NW 79TH TERRACE	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARTIN N NISENBAUM	968 NW 79TH TERRACE	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	URIEL S NISENBAUM	968 NW 79TH TERRACE	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

