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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Marisusy De Haro Name of Person  Investment Depct USA LLC Firm Company
10710 NW 66th ST, apt 406
Doral, FL 33178  City/State and Zip Code  marisusydha yahoo.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marisusy De Haro at (954) 478 0667  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \_\_OU|22/2015 Florida document number <u>L15</u> 000070273 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 11417 NW 122 nd ST

Enter Florida street address

Medley Florida 33178 - 3182

Zip Code New Registered Office Address:

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

MGR = N	lanager		
AMBR = A	Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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Filing Fee: \$25.00