

LA1000292414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

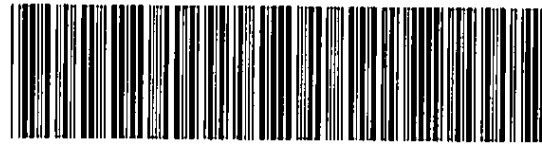
(Business Entity Name)

(Document Number)

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REC'D JUN 29 PM 5:55
FBI

D. BRUCE
JUL 22 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 9248 Investments LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine Hernandez
Name of Person

Firm/Company

3225 McLeod Dr, Suite 100
Address

Las Vegas, NV 89121
City/State and Zip Code

ra@andersonadvisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine Hernandez
Name of Person

800 706-4741
at () Area Code Daytime Telephone Number

FILED
2021 JUL 29 PM 3:56
TALLAHASSEE, FL

Enclosed is a check for 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
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

9248 Investments 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 06/24/2021 and assigned Florida document number 1.21000292414.

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)

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: _____

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 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>
AMBR	Assist My Foreclosure, LLC	1946 Tyler St, Suite 1	<input type="checkbox"/> Add
		Hollywood, FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eric Malinasky	3225 McLeod Dr, Suite 100	<input checked="" type="checkbox"/> Add
		Las Vegas, NV 89121	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tal Levinson	3225 McLeod Dr, Suite 100	<input checked="" type="checkbox"/> Add
		Las Vegas, NV 89121	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 JUN 13 PM 3:51
 9:51
 11:51

D. If amending any other information, enter changes here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2021 JUN 29 11:51 AM
TALLAHASSEE
2021 JUN 29 11:51 AM
TALLAHASSEE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 24, 2021

Catherine Hernandez

Signature of a member or authorized representative of a member

Catherine Hernandez, Authorized Representative

Typed or printed name of signee