

LI 0000 70625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

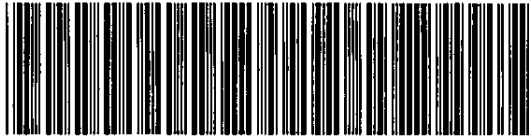
(Business Entity Name)

(Document Number)

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SECURITY OFFICE
TALLAHASSEE, FLORIDA

1511
JUN 10 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **195 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:

Luis H Chaves

Name of Person

195 Investments, LLC

Firm/Company

434 NE 210 Cir Ter # 206

Address

N Miami Beach, FL 33179

City/State and Zip Code

arcas195@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis H Chaves

Name of Person

at **(786) 955 9740**

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:

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

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

195 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 06/17/2011 and assigned
Florida document number L11000070625.

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 end with 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)

195 Investments, LLC

434 NE 210 Cir Ter # 206

N Miami Beach, FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

195 Investments, LLC

P O Box 630732

Miami, FL 33163

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:

Luis H Chaves

New Registered Office Address:

434 NE 210 Cir Ter #206

Enter Florida street address

N Miami Beach,

Florida 33179

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Hernando Chaves	3300 NE 191 Street	<input type="checkbox"/> Add
		Apt 1818	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	
MGR	Luis H Chaves	3300 NE 191 Street	<input type="checkbox"/> Add
		Apt 1818	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	
MGR	Luis H Chaves	434 NE 210 Cir Ter	<input checked="" type="checkbox"/> Add
		# 206	<input type="checkbox"/> Remove
		N Miami Beach, FL 33179	
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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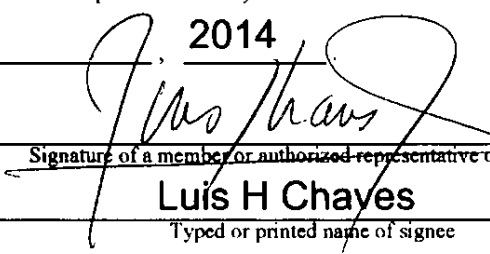
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **May 30th**

2014



Signature of a member or authorized representative of a member

Luis H Chaves

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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