

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MONAHAN MIJARES CPA PA

Account Number : T20050000157

Phone : (305)407-1438

Fax Number : (305)397-1003

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NORTHWARD INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

15 AUG 13 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2015 AUG 13 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY
EXAMINER
AUG 14 2015

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** NORTHWARD 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:

ROARK R. MONAHAN

Name of Person

MONAHAN-MIJARES CPA, PA

Firm/Company

75 VALENCIA AV, SUITE 703

Address

CORAL GABLES, FL 33134

City/State and Zip Code

elismor.castillo@mna.com.ve

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

For further information concerning this matter, please call:

ROARK R. MONAHAN

305-407-1440

at ()

Name of Person

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

NORTHWARD INVESTMENTS, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/28/2015 and assigned

Florida document number L15000074566

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 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>
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TALLAHASSEE

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

ARTICLE IV: CORRECTION ON NAME ANABELLA DAO DE MOLINO.

SHOULD BE ANABELLA DAO DE MOLINA.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 AGUST, 12

2015

Signature of a member or authorized representative of a member

ROARK R. MONAHAN

Typed or printed name of signer