

L170000 64163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

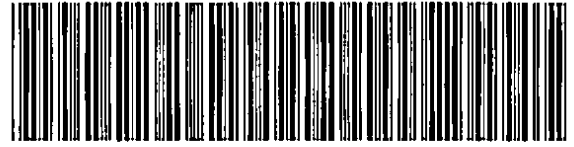
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800330895358

06/25/19-11:00 AM

FILED
2019 JUN 26 PM 11:05
SECURITY CENTER
MILWAUKEE, WI

Y SULKER

JUL 09 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 718 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:

HELEN M. CARDONA

Name of Person

718 INVESTMENTS, LLC

Firm/Company

829 NE 79 ST

Address

MIAMI, FL 33138

City/State and Zip Code

helen@csa-law.us

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

For further information concerning this matter, please call:

ADAM O. KIRWAN

407 210-6622

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**

718 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 03/22/2017 and assigned Florida document number L17000064163.

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: HELEN M. CARDONA

New Registered Office Address: 829 NE 79 ST

Enter Florida street address

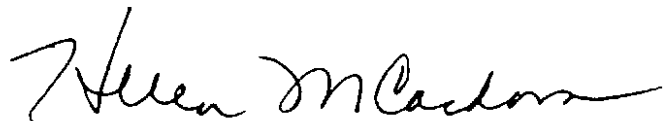
MIAMI, Florida 33138

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	GAC HOLDINGS LLC	829 NE 79 ST	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HELEN M. CARDONA	829 NE 79 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA LUZ MARQUEZ GUERRERO	829 NE 79 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33138	<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

FILED
 2019 JAN 26 PM 4:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

2019 JUN 26 PM 4:35
 DEPT. OF STATE
 FILED

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 13 2019

 Signature of a member or authorized representative of a member

HELEN M. CARDONA, AUTHORIZED REPRESENTATIVE

 Typed or printed name of signee