L05000050989

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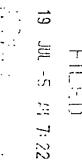
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JUL 1 6 2019 S. YOUNG



COVER LETTER

	gistration Se vision of Cor	
SUBJECT:		INVESTMENT, LLC
Source.	•	Name of Limited Liability Company
The enclose	d Articles of .	Amendment and fee(s) are submitted for filing.
Please retur	n all correspo	ndence concerning this matter to the following:
		Nicole J. Huesman, Esq.
		Name of Person
		Nicole J. Huesman, P.A.
		Firm/Company
		150 Alhambra Circle, Suite 1150
		Address
		Coral Gables, FL 33134
		City/State and Zip Code njhuesmann@njhlaw.com
		E-mail address: (to be used for future annual report notification)
For further i	information co	oncerning this matter, please call:
Nicole Hues		305 858-0200 at () Person Area Code Daytime Telephone Number
	Name of	Person Area Code Daytime Telephone Number
Enclosed is:	a check for th	e following amount:
\$25.00		□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

NICOSAN INVESTMENT, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recordited Liability Company)	5,)	
The Articles of Organization for this Limited Liability Comp *lorida document number L05000050989	any were filed on 05/23/2005	and assigned	
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 I.	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	5)		
		4 5	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		22	
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address Name of New Registered Agent:		, enter the name of the	
New Registered Office Address:	Enter Florida street address		
	Flo	orida	
	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>	Address	Type of Action
AMBR	Libardo A. Mejia Bonilla	Parcelacion Aposentos	☐ Add
		Casa 228, KM 33	☐ Remove
		Cundinamarca, Columbia	
AMBR	Claudia L. Suarez Bonilla	Parcelacion Aposentos	Add
		Casa 228, KM 33	Remove
		Cundinamarca, Columbia	☐ Change
			Add
			□ Remove
			Change
			□ Remove
		****	□ Change
			Add
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			Change
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			□ Remove
			☐ Change

				
				
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2. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the ap	pplicable statutory filing	(optional) ore than 90 days after filing.) Purs g requirements, this date will i	uant to 605.0207 (3)(1 not be listed as the
the record specifies a delay b) The 90th day after the re		t not an effective t	ime, at 12:01 a.m. on t	he earlier of:
Dated July 1 Spannel	, 2019	·		
		authorized representative		

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Typed or printed name of signee

Filing Fee: \$25.00