L01000012901

Elizabeth Hulled (Requestor's Name) DUE: COILLY AVE (Address) SUITE (911) (Address) TUILUMUSEE FL 3230 (W)-313-3535 (City/State/Zip/Phone #) (Business Entity Name)	0003192453 000319245 000319245 10/15/180100102
Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only	N. CAUSSEAUX OCT 1 7 2018



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COVER LETTER

	TO: Registration Division of C	Section orporations		
	DFMMJ SUBJECT:	Investments, LLC		
		Name of L	imited Liability Company	
	The enclosed Articles o	of Amendment and fee(s) are si	ubmitted for filing.	
J	Please return all corresp	oondence concerning this matte	er to the following:	
		Devon Nunneley, Esq.		
		The Lockwood Law Firn	Name of Person	
		106 E. College Ave. Ste 8	Firm:Company 810	
		Tallahassee, FL 32301	Address	
		devon@lockwoodlawtirm.	Name of Limited Liability Company nendment and fee(s) are submitted for filing. ence concerning this matter to the following: Devon Nunneley, Esq. Name of Person The Lockwood Law Firm Firm:Company 106 E. College Ave. Ste 810 Address Tallahassee, FL 32301 City/State and Zip Code levon@lockwoodlawtrm.com E-mail address: (to be used for future annual report notification) erning this matter, please call: son at (
		E-mail address:	(to be used for future annual report noti	fication)
Fo	or further information of	concerning this matter, please c	rall:	
D —	evon Nunneley			
	Name o	f Person	Area Code Daytime	: Telephone Number
En	closed is a check for th	ie following amount:		
	\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional 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

DEMMI Investments, ELC				
(Name of the Lin	ited Liability Company as it no (A Florida Limited Liability Ce	w appears on our records.) impany)		
The Articles of Organization for this Limited Florida document number L01000012901	Liability Company were file	d on	_ and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability com	pany here:		
The new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "L1.C" or the abbre	viation "L.L.C."	_
Enter new principal offices address, if appl	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		~a (1)	_
			-C	_
			3	_
Enter new mailing address, if applicable:				=
(Mailing address MAY BE A POST OFFICE			70	<u> </u>
				<u>-</u>
			<u> </u>	.
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office addr ffice address here:	ress on our records, enter the	name of the	nev
Name of New Registered Agent:	Devon Nunneley			
New Registered Office Address:	The Lockwood Law Firm,	, 106 E. College Ave., Ste 810		_
	E	nter Florida street address		-
	Tallahassee			
	City		Cip 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>	Name Victor Mancebo	Address 14810 NW 94TH AVENUE	Type of Action
MGR		ALACHUA, FL 32615	Add
			□ Remove
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Effective date, if other than the date of f	īling:			(optional)	
f an effective date is listed, the date must be specifi Note: If the date inserted in this block does re-	not meet the appli	icable statutory	g or more than 90 da r filing requireme	nys after tiling.) Pr nts, this date wi	irsuant to 605,0207. I not be listed as
document's effective date on the Department	of State's record	ls.			
ne record specifies a delayed effective	ve date, but n	ot an effect	ive time, at 10	7:01 am on	the earlier of
The 90th day after the record is fil	ed.				the carner of
Dated October 31d	1000				
	- 2018	·			
		/ /	7		

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Typed or printed name of signee

Filing Fee: \$25.00