L03000038885

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	<u> </u>
	Office Use On	ly



05/02/16--01020--031 **25.00

FILED 2016 HAY -2 PH 1: 49 SECRE TARY OF STATE TALLAHASSEE, ELORID,

K.S.ALY EXAMINER MAY - 5

COVER LETTER

TO:	Registration Section Division of Corporatio	ns 🔉		
SUBJE	ст: <u>N</u> W	FLORIDA	INVRStors	Developer 22 C
		Name of Lin	nited Liability Company	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

RANAY Johns Name of Person at (850) 271-4485 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)

and an an a star

□ \$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

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STREET/COURIER ADDRESS:

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

ARTICLE	ES OF AMENDMENT TO S OF ORGANIZATION OF Invector Developer LC Stillary OF S Invector Developer LC Stillary OF S
ARTICLES	SOF ORGANIZATION
, , ANTICER	OF 20/6 M. 50
NW FLORIDA	1 Investa Developer LC ALLAGIAR
(Name of the Limited Liabili (A Florida	OF NVector Developer LL Steam of Stars ity Company as it now appears on our records.) a Limited Liability Company) 2016 MAY - 2 PM 1:49 1:49 1:49 1:49
The Articles of Organization for this Limited Liability C Florida document number $_ L0300003$	Company were filed on and assigned
	•
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1000 OHIO AVENNE
(Principal office address MUST BE A STREET ADDR	
	32444
Enter new mailing address, if applicable:	P. O. BON 931
(Mailing address MAY BE A POST OFFICE BOX)	Lynn Haven Fr. 32444
Unduring unduress mAT DE ATOST OFFICE DOAT	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> I <u>ress here</u> :
C.	Ohail Ichay
Name of New Registered Agent:	
New Registered Office Address: 1000	O DIHIO AVENLE
	Enter Florida street address
Ly	NN HOVEN, Florida (FL 32444 City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:
I hereby accept the appointment as registered agent	and agree to act in this capacity. I further agree to comply with the

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 Age 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: I.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	DILIP PUROMIT	FO BUL 530772 Sanford FC. 32771	Add
		Sanford FC. 31771	LE Remove
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		······································	Change
			D Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an efi <u>Note:</u>	tive date, if other than the date of filing:(optional) frective 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 (2 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.	3)(b) 1e
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.	
Dated	<u> </u>	
	Low Ruch	

Signature of a member or authorized representative of a member

DILIC PUROINIT

Page 3 of 3

Filing Fee: \$25.00