

•

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv.



08/31/18--01003--003 **25.00



AUG 5 1 2012 S. PRATHER

•				
			•	
	•	•		

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

25TH STREET INVESTMENT PROPERTY,

LLC

		<u> </u>	Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Nan
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
	····· ··· ··· ··· ··· ···		Driving Record
0/70/10			UCC 1 or 3 File
			UCC 11 Search
Date	lime		UCC 11 Retrieval
Will Pick Up			Courier
	8/30/18 Date	Date Time	8/30/18 Date Time

	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
\checkmark	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
\checkmark	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
	Vehicle Search
	Driving Record
	UCC 1 or 3 File
<u> </u>	UCC 11 Search
	UCC Retrieval

COVER LETTER

	gistration Sec vision of Corp						
(1711))/ 7 7.	-	ET INVESTMENT PROPER	KIY, LLC				
SUBJECT:							
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	idence concerning this matter	to the following:				
		LISSETTE A. MARTINE	Z, ESQ.				
		LAW OFFICE OF LISSE	Name of Person FTE A. MARTINEZ, P.A.				
Firm/Company 7190 SW 871'H AVENUE, SUITE 402							
		MIAMI, FL 33173	Address				
		LISSETTELAW@BELLSC	City/State and Zip Code DUTH.NET	, <u>, , , , , , , , , , , , , , , , </u>			
		E-mail address: (to be used for future minual report noul	ication)			
For further in	nformation con	ncerning this matter, please ca	all:				
LISSETTE A. MARTINEZ 305 514-0034							
	Name of 1	² urson	Arca Code Daytime	: Telephone Number			
Enclosed is a	check for the	following amount:					
□ \$25.00 P	iling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (adduonal copy is enclosed)			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

•

. · ·

,

STRRET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

.

.

.

ARTICLES OF AMENDMENT
ТО
ARTICLES OF ORGANIZATION
OF

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

The Articles of Organization for this Limited Liability Company were filed on ________ and assigned __________ 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 Liability Company," the designation "LLC" or the abbreviation "LLC."

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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	LISSETTE A. MARTINE	Z, F.SQ.	
New Registered Office Address:	7190 SW 87TH AVENUE, SUITE 402		
	Ë	ster Florida street address	
	МІАМІ	. Florida 35173	
	City	Tip Ciele	

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

Page 1 of 3

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> Manuel, fernand e z sr.	<u>Address</u> 9730 n.w. 25TH STREET	Type of Action
PRES		MIAMI, FL 33172	O Add
			Remove
			Change
MGR	MANUEL FERNANDEZ (SR.)	9730 NW 25TH STREET MIAMI, FL 33172	🖬 Add
			Remove
			Change
			O Add
			🖸 Remove
		·····	🗅 Change
<u> </u>			O Add
			C Remove
			Change
	<u> </u>		
			O Remove
			🖸 Change
_			O Add
			O Remove
			🖬 Change

.

·	 ·			
<u>_+</u>	 			
			. <u>.</u> .	
······	 			
	 · · ·	· · · · · · · · · · · · · · · · · · ·		
	 ····			

.

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 2018 2018			
Signature of a member for authorized representative of a member	.4		18
MANUEL FERNANDEZ (SR.)		-	SOV
Typed or printed name of signee			ີ້ຜູ້
		•	20
Page 3 of 3			
Filing Fee: \$25.00			بيد دن
			•
		-1	53