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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Matanzas 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:
Mimi Meaney Name of Person
Modanzas Investments LC Firm/Company
PO180x 152832 Address
CAPE COEAL FL 33915 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (234) 244 165 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (additio
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**

Matanzas Investi (Name of the Limited Liability Compa (A Florida Limited)	ME/ inv as it n Liability (ts L L C low appears on ou Company)	ır records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L040006859</u>	/ were file	ed on <u>Sept.</u>	DI, 2001	and ass	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility con	npany here:			
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liabi	lity Company," the	e designation "LI	.C" or the	abbreviatio
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	S ===	
				* 8	77
Enter new mailing address, if applicable:			ASSEE.	ARY O	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			FLDRI	S 43	0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		lress on our rec	cords, <u>enter th</u>	e name (of the nev
Name of New Registered Agent: Tam	Q.	Lam.			
New Registered Office Address:	_				
		Enter Flor	rida street addro	ess	
			, Florida		
	City			Zip Code	2
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>				

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name Address Type of Action** ESKO, FP 33928 20033 E Silver Palm Dr. MGRM Tam Q Lam Remove ☐ Add Remove ☐ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 34 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00