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(Requestor's Name)
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(Clysiners Estity Name)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

	Registration Sec Division of Corp			
cup icc		VESTIGATION LLC		
SUBJEC'	l:		ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	um all correspor	ndence concerning this matter	to the following:	
		GILBERT R COLON		
		,	Name of Person	
		SECURE R US LLC		
			Firm/Company	
		PO BOX 274		
			Address	
		Diana BEACH FI, 33004		
			City/State and Zip Code	-
		grc@securer1.com	to be used for future annual report notifi	cation)
For furthe	er information co	oncerning this matter, please ca		
Gilbert C	olon		786 752-6952	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
፟ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
] 	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		ty the s
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on ou Liability Company)	r records:)
The Articles of Organization for this Limited Liability Company Florida document number L05000073972		y
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
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)	7900 OAK LANE # 40 MIAMI,LAKES FL. 33	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stro	eet address
		, Florida
	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
MEM	CARLOS CERVANTES	7900 OAK LAND , LANE	⊠Add
		# 400	□Remove
		MIAMI, LAKES , FL. 330016	□Change
			□Add
			□Remove
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			1/13/2020			
Note:	ive date, if other the ective date is listed, the If the date inserted in ent's effective date o	this block does no	of meet the applicable	te of filing or more than 9 statutory filing require	(optional) 0 days after filing.) Pursuant to ements, this date will not be) 605.0207 (3)(: listed as the
ne recor ord is fil		effective date, but r	not an effective time,	at 12:01 a.m. on the ea	rlier of: (b) The 90th day	after the
5	1/12/2022	•				
Dated			,·			
	_/1/	Me		Trepresentative of a men		_
		Signature of	f a member or authorized	I representative of a mem	ıber	

Typed or printed name of signee