

L05000/16385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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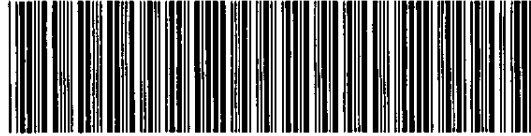
(Business Entity Name)

(Document Number)

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FILED

2015 JUN 30 PM 12:11

DEPT. OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL - 2 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tayrona 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:

Jonathan Rodriguez

Name of Person

Tayrona Investments LLC

Firm/Company

4597 Gladiator Cir

Address

Greenacres, FL 33463

City/State and Zip Code

info@tayronaoil.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Rodriguez

305 904-2267

at (_____) _____

Name of Person

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)

☐ \$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

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**

Tayrona Investments LLC

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

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2015 JUN 30 PM 12:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/30/2005 and assigned
Florida document number L05000116385.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2260 Palm Beach Lakes Blvd STE 212

West Palm Beach, FL 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4597 Gladiator Cir

Greenacres, FL 33463

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Aharon King

New Registered Office Address:

4597 Gladiator Cir

Enter Florida street address

Greenacres

Florida 33463

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jonathan Rodriguez	1881 Middle River Dr	<input type="checkbox"/> Add
		# 604	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33305	<input checked="" type="checkbox"/> Change
AMBR	Jonathan Rodriguez	1881 Middle River Dr	<input checked="" type="checkbox"/> Add
		# 604	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33305	<input type="checkbox"/> Change
AMBR	Aharon King	4597 Gladiator Cir	<input checked="" type="checkbox"/> Add
		Greenacres, FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Enrique Ortega	123 Cameron Ct	<input type="checkbox"/> Add
		Weston FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Oscar Lopez	5101 Collins Ave Apt #5T	<input type="checkbox"/> Add
		Miami Beach, FL 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Jorge Escobar	941 S.W. 66 Ave	<input type="checkbox"/> Add
		Miami, FL 33144	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This is a Manager Managed Limited Liability Company.

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2015 JUN 30 PM 12:11
FBI - NEW YORK
RECEIVED
JUN 30 2015

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 June 26, 2015

Signature of a member or authorized representative of a member

Jonathan Rodriguez

Typed or printed name of signee