L080000090198

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C. GOLDEN NOV 1 3 2020

COVER LETTER

TO:

TO: Registration S Division of Co					
	VESTMENTS, LLC	•			
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	MAURICIO VELASQUE	Z			
Name of Person					
LSMV INVESTMENTS					
Firm/Company					
1436 MIRA VISTA CIRCLE					
		Address			
WESTON, FL 33327					
		City/State and Zip Code			
	MAURICIOVELASQUEZ				
	E-mail address: (to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	all:			
MAURICIO VELASQUEZ		305 903-8511 at()_			
Name o	of Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for t	he 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 Addre		Street Address:	vation		
Registration Section Division of Corporations		Registration Se Division of Co			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LSMV INVESTMENTS, LLC

2001 -3 P112:54

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000090198</u>	were filed on 09/23/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	C" 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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	495
	, F	lorida
	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 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
HERM	H. Velanguez & L. Serva Living Trust	1436 Mira Vista Cir. Weston, Fl 3332	∄ ÌX́Add
	•		□Remove
			Change
MERH Liliena Serna	Lilicha Serna		□ A dd
		1436 Mira Vistacir Weston, FL33327	_ MRemove
			Change
HGR Liliana Serna	Liliana Serna	1436 Miravida Cir. Weston, Fl 33327	bbAZI 👱
			□Remove
		□Change	
		□Add	
		□Remove	
			□Change
			□Add
			□Remove
		Change	
		□Add	
			🗀 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. SEPTEMBER 22 Dated _ 2020

Signature of a member or authorized representative of a member

MAURICIO VELASQUEZ