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(Re	questor's Name)	•
(Ad	dress)	·
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name	e)
<u>(Do</u>	cument Number)	, .
(50	oument rumber,	
Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
AND ASSECTED IN THE PROPERTY OF STATE
OF STATE OF STATE

J. BRYAN

AUG 17 2009

EXAMINER

COVER LETTER

Division of	Corporations	1	
SUBJECT:	Moreta Inves	itments LLC	
	Name of Limi	ted Liability Company	
The englosed Articles	s of Amendment and fee(s) are sub	amitted for filing	
		•	
Please return all corre	espondence concerning this matter	to the following:	
	Lino_	T. Moreta Name of Person	OS AUG IL PH 1: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA
		Firm/Company	
	1092 E.	20 Street Address	LORID LORD
			75
	elpodera	33013 City/State and Zip Code SO 69 @ live . COm to be used for future annual report notifica	
	E-mail address: (to be used for future annual report notifica	tion)
For further information	on concerning this matter, please of	eall:	
LINO	Moreta	at (305) 525 - 7	1679
Nar	me of Person	Area Code & Daytime T	elephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MA	AILING ADDRESS:	STREET/COURIE	R ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

say in

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASS B

Moreta	Lnvestments bility Company as it nov rida Limited Liability Co	w appears on our records.) mpany)	MIG 14 PM 1 CRETAFSEE. FL
The Articles of Organization for this Limited Liabil	ity Company were filed	on <u>Dec. 22, 200</u>	28 and assigned
Florida document number <u>L0800D115764</u>	<u>, </u>		TE 9
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the</u>	e limited liability comp	any here:	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office	registered office addre	ess on our records, <u>ente</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street a	ddress
	, Florida		
-	City	, <u></u>	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 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Title **Address Type of Action** <u>Name</u> LINO MORETA MGR 🔀 Remove MGR JESUS I. MORETA 🔀 Add ☐ Remove □ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

LNO Moreta

Typed or printed name of signee

Page 2 of 2

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Dated _

Filing Fee: \$25.00