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(Requestor's Name)			
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SEGNETARY OF STATE
ALLAHASSEF, ELIAPIA

D. BRUCE
JUN 0 3 2011
EXAMINER

## **COVER LETTER**

TO: , Registration S Division of Co						
SUBJECT:		ivestments	LLC.			
	Name of Limi	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	lam	Bobo				
		Name of Person		<del></del>		
	•		* ************************************			
		Firm/Company				
	<del></del>	5 NW Hu	u 225.	<u> </u>		
		Address	9			
	Ocala	FL 34	482	<b>&gt;</b>	<b>=</b>	
		City/State and Zip Code		A in		1
	E-mail address: (i	ocu la horse to be used for future annual	report notification)			
For further information of	concerning this matter, please c		•	m <sub>e</sub>		
Name o	of Person	at () Area Cod	e & Daytime Telepl	none Number	3 <b>69</b> 7 <b>69</b>	
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 i	<del></del>	\$60.00 Filing Fee Certificate of St Certified Copy (additional copy	atus &	ed)

**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

Secure -	Investments	LLC			
(Name of the Limited Lia (A Flo	bility Company as it now appear rida Limited Liability Company)	rs on our recor	<u>ds.</u> )	<del></del>	
(*****	·············	U			
The Articles of Organization for this Limited Liabil	lity Company were filed on	Jeb. 5,2	009 ar	nd assigned	
Florida document number <u>Lo 9 0000 /23 8</u>	<u> </u>				
This amendment is submitted to amend the following	ng:				
A. If amending name, <u>enter the new name of the</u>	e limited liability company her	<u>'e</u> :			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	any," the designa	ation "LLC" or	r the abbrevi	ation
Enter new principal offices address, if applicable	<u></u>				
(Principal office address MUST BE A STREET A	DDRESS)		35		
			Es	<u> </u>	
			100	SN	
Enter new mailing address, if applicable:			AR	~ F	
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	. * . * <del>d</del>	Ü.	e in	
<u> </u>	<u> </u>		F (2)		_
			22.4	<del>(</del> ( )	_
B. If amending the registered agent and/or r registered agent and/or the new registered office	_	our records, <u>e</u>		iz) me_of_the_	new
Name of New Registered Agent:					
New Registered Office Address:					
	En	ter Florida stre	et address		
_		, Flori			
	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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mge</u> m	CARL Bowling	4785 NW. HWY 2251 OCAIA, FL 34472	Add Remove
			Add Remove
	·		Add Remove
	- April Control of the Control of th		Add Remove
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			H JUN-2 PH II: 60
Dated	Signature of a membe	•	
_		oni Bobo	

Page 2 of 2

Filing Fee: \$25.00