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SECRETARY OF STATE

OCT 2 4 2013

T. BROWN

* COVER LETTER!

TO: Registration Section Division of Corporations
SUBJECT: 214 Javestments LLC Monaging Members 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:
Hegendro Rivers Name of Person
214 INVESTMENTS LLC Firm/Company
199 Ocean Lane Drive 214
Key Biscaine F1 33149 Cily/State and Zip Code Qrivers 68 6 cmoil. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (78L) \$54-9773 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

13 OCT 21 AMII: 55

The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number LD90000 33078 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 end with 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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 = Managing Member

Title
Name
Powel Assets
Colp.

M6RM Alexandro Rivers

Address	Type of Action
199 Ocean Lone Druc	Add
214	Remove
Key Biscoyne F1.33149	· <u>}</u>
Key Biscoyne F1.33149 199 Ocean Lanc Drive	_ X Add
214	Remove
Ley Biscape Fl. 3314	ĵ
	Add
	Remove
	_
	Add
	Remove
	_
	Add
	Remove
	_
	Add
	Remove

). If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated 10-1	8-2013
	Signature of a member or authorized representative of a member
_	Helcodro Kverg Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00