L090000 53571

(Re	equestor's Name)		
(Ad	ldress)		
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(Cir	ty/State/Zip/Phone	e #)	
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B. BOSTICK

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	• .	, (COVER LETTER ,	: A	ಟ	
TO:	Registration Section Division of Corporati	َ بَ			·	
SUBJI		Name of Limi	TA 421 Ucted Liability Company	<u></u>		
The en	closed Articles of Amend	dment and fee(s) are sub	omitted for filing.			
Please	return all correspondence	concerning this matter	to the following:			
	_	FEDERIC	OLIVIERI Name of Person			
			Firm/Company			
		235 U	NCOUN PD #	+310		
	<u></u>	MIAMI DUVIEN.	Address SEACH FL 33 City/State and Zip Code FORMIN Of A	139 1411-1011		
			to be used for future annual report notific	<u> </u>	12	
For fur	ther information concern	ing this matter, please o		LAHAS		1827 j., ≸ j
Enclos	Name of Person		at () Area Code & Daytime	Telephone Number	6 PH 3:0	
		30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is		i)

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

APRIL 21 INVES	STMENT LLC	,
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appea Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on	06/02/2009 and assigned
Florida document numberL0900053571	·	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company he	<u>re</u> :
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
• • •		**************************************
(Principal office address MUST BE A STREET ADDRESS)		
		N. S.
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		27 - 25 - 4845.
		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered		our records, enter the name of the new
registered agent and/or the new registered office address he	<u>ere</u> :	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
How Registered Office Address.	Enter Florida street address	
		, Florida
	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

MIGKINI = IV	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	CLEMENTE FASCE	130 3RD ST #105 MIAMI BEACH FL 33139	Add ☐ Remove
			Add Remove
			□ Damaya
			Domovo
			Add Remove
D. If amend	ling any other information	enter change(s) here: (Attach additional sheet	s, if necessary.)
			12 JUH -
Dated	APRIL 11	<u>2012</u>	EE. FLORI
	Signatur	e of a member or authorized representative of a mer	nber 🔑 😅
		FEDÉRICO OLIVIERI	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00



April 17, 2012

FEDERICO OLIVIERI APRIL 21 INVESTMENTS LLC 130 3RD STREET #105 MIAMI BEACH, FL 33139

SUBJECT: APRIL 21 INVESTMENT LLC

Ref. Number: L09000053571

We have received your document for APRIL 21 INVESTMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

PAGE 1 OF 2 MISSING

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 812A00011999

Barbara Bostick Regulatory Specialist II

www.sunbiz.org