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PICK-UP	☐ WAIT	MAIL			
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EXAMINER



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SECRETARY OF SIGHE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Se Division of Con		•	
SUBJECT:	remore Inveniment	estments U.C. d Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Keisha	Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	8264		
	020 1	Address	
	St. Pet Kclatic E-mail address: (to	City/State and Zip Code NORE Quachoo be used for future annual report notificat	23705 Com
For further information of	concerning this matter, please cal		
Kusha Name o	Latimore	at (727) 433- Area Code & Daytime T	22 (9 elephone Number
Enclosed is a check for the	he 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)

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

(Name of the Limited Liability (A Florida	Investm	ents c	110		
(A Florida	Limited Liability Comp	oany)	recorus.)		
The Articles of Organization for this Limited Liability Florida document number <u>LO 9 00007</u>	Company were filed on 9.48	n July	27, 2009	and assi	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability compar	<u>v here</u> :			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability (Company," the	designation "LLC"	or the a	bbreviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	ORESS)	······································		900	DIVISI
				- T3	DN OF
Enter new mailing address, if applicable:	**************************************		·		문문
(Mailing address MAY BE A POST OFFICE BOX)	 -			<u></u>	<u> </u>
	**************************************			2: 02	<u>第四</u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad		on our rec	ords, enter the r		f the new
Name of New Registered Agent:)			
New Registered Office Address:		ţ			
•		Enter Flor	ida street address		
	, Florida				
	City		Z	ip Code	
New Danietowed Amently Claustone of changing Desistant					

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 amering 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 <u>Address</u> **Type of Action** morm Joseph D. Lovett

morm Joseph Lovett ☐ Add ☐ Remove ☐ Add Remove ∏Add □ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 28, 2009 Signature of a member or authorized representative of a member eisha Latimake
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00