

LO 90 00097400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

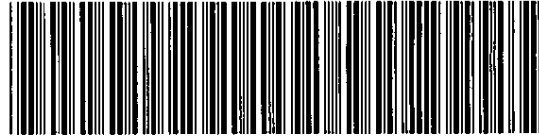
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

15 APR 21 AM 9:34

15 APR 21 PM 3:44

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4 Stivers APR 22 2015

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

INVESTMENT FIRST GROUP LLC

Signature _____

Requested by: BA

4/21/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ✓ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ ✓ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVESTMENT FIRST GROUP LLC

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:

MIGUEL ANGEL QUINTERO

Name of Person

INVESTMENT FIRST GROUP LLC

Firm/Company

PO BOX 490718

Address

MIAMI, FL 33149

City/State and Zip Code

MIGUEL@SUPERPARTS.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEANETTE TRAVIESO CPA

Name of Person

786

at (

Area Code

220-7637

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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

INVESTMENT FIRST GROUP LLC

(Same as the Limited Liability Company as it appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/28/2009 and assigned
Florida document number L09000093400

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 office address, if applicable: 240 CRANDON PARK BLVD, STE 287
KEY BISCAYNE, FL 33149
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: PO BOX 490718
KEY BISCAYNE, FL 33149
(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: TRAVIESO & ALVAREZ TAX AND FINANCIAL SERVICES,

New Registered Office Address: 175 SW 7TH STREET STE 1716
Enter Florida street address

MIAMI Florida 33130
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 605, 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.

Signette Alvarez
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	MIGUEL A QUINTERO	PO BOX 490718	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33149	<input type="checkbox"/> Remove
			UPDATE
MGR	MARIA C APONTE	PO BOX 688105	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
MGR	MARIA DEL CARM QUINT	PO BOX 688105	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
MGR	MIGUEL A QUINTERO SR	PO BOX 688105	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ARTICLE V IS AMENDED TO UPDATE MIGUEL A. QUINTERO

AS THE MANAGING MEMBER AND TO REMOVE THREE MEMBERS

AS INDICATED ABOVE.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 16 2015



Signature of a member or authorized representative of a member

MIGUEL ANGEL QUINTERO

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA