L04000115035

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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SECRETARY OF STAFE FALL ARASSEE, FLORIDA

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COVER LETTER

INVEST	MENTS OF WESTON LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ENRIQUE A CAM		
		Name of Person	
	INVESTMENTS OF WE		
		Firm/Company	
	8400 NW 59TH CT.		
		Address	
	TAMARAC, FL33321		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
ENRIQUE A CAM		954 995-8883 at ()	
Name	of Person		ne 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)
MAI	LING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section Division of Corporations

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

(A F	iahility Company as it now app- forida Limited Liability Company	ears on our records.)	
he Articles of Organization for this Limited Liabil lorida document number L09000115035	lity Company were filed on _	12/03/2009	and assigned
his amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company	here:	
he new name must be distinguishable and contain the words	s "Limited Liability Company," th	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	 , ,	
Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO.	<u></u>		
3. If amending the registered agent and/or registered agent and/or the new registered office		on our records, g	enter the name of the
Name of New Registered Agent:			: · ; · =
Name of New Registered Agent:			SF 3
Name of New Registered Agent: New Registered Office Address:	Enter l	Florida street address , Flori	SECTION AND ASSESSED.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHARO YANOVICH-CAM	8400 NW 59TH CT. TAMARAC FL33321	
			□ Remove
			Change
			□ Add
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Effective date, if other than the date of filing:	(optional)	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	f filing or more than 90 days after filing.) Pursuant t	o 605.020 e listed as
he record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	fective time, at 12:01 a.m. on the e	arlier o
6/11/2019		
Dated		
Signature of a member or authorized rep		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00