



# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WACO INVESTMENTS, 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:

MARIE B. CODE, ESQ.

Name of Person

MARIE B. CODE, ESQ., P.L.

Firm/Company

1308 SW 27TH TERRACE

Address

CAPE CORAL, FLORIDA 33914

City/State and Zip Code

MARIE@MARIEESQUIRE.COM

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

For further information concerning this matter, please call:

MARIE B. CODE

239

829.0063

at ( )

Name of Person

Area Code

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**

WACO INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 31, 2009 and assigned Florida document number L09000123531.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

1308 SW 27TH TERRACE

**(Principal office address MUST BE A STREET ADDRESS)**

CAPE CORAL, FLORIDA 33914

**Enter new mailing address, if applicable:**

1308 SW 27TH TERRACE

**(Mailing address MAY BE A POST OFFICE BOX)**

CAPE CORAL, FLORIDA 33914

**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:

MARIE B. CODE

New Registered Office Address:

1308 SW 27TH TERRACE

*Enter Florida street address*

CAPE CORAL

Florida

33914

*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.*

Marie B Code

**If Changing Registered Agent, Signature of New Registered Agent**

FILED  
15 OCT 26 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	WARWICK J. COPELAND	3056 PALM AVENUE	<input type="checkbox"/> Add
		SUITE 3	<input checked="" type="checkbox"/> Remove
		FORT MYERS, FLORIDA 33901	<input type="checkbox"/> Change
AMBR	WARWICK J. COPELAND	1308 SW 27TH TERRACE	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FLORIDA 33914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 15 OCT 26 PM 2:30  
 SECRETARY OF STATE  
 PALMHASSEL, FLORIDA

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

AUTHORIZED REPRESENTATIVE CURRENTLY ON RECORD WITH THE FLORIDA DEPARTMENT  
OF STATE, CYNTHIA FAY-HAMILTON, SHALL BE REMOVED. THE NEW AUTHORIZED  
REPRESENTATIVE SHALL BE MARIE B. CODE.

15 OCT 26 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated OCTOBER 20, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

WARWICK J. COPELAND  
\_\_\_\_\_  
Typed or printed name of signee