# 110000048469

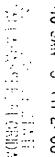
(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000307191240

01/03/18--01013--015 \*\*25.00



S. WARREN JAN 0 4 2018

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	I: 11.A	W2S 1 men + Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	<u>Dtxa</u>	Name of Person	<del></del>
-	<u> </u>	de Hougement. Firm/Company	<u>.</u>
		Workland Park Address	31 ml. suit 210
		City/State and Zip Code  Dipsible O ancil Co o de used for future annual report notific	olion)
For further information co	ncerning this matter, please ca	dl:	
Pbxqq Name of	ore WUII Person	at (974) 883 Area Code Daytime	9423 Felephone Number
Enclosed is a check for the	e 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

73	n 1	Investments		
( <u>Name of the Limited</u> (A	<u>Liability Comp</u> Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liab Florida document number	8 <u>4 69</u> . <sub>Zing:</sub>			
The new name must be distinguishable and contain the wor	ds "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  .		1771 W Ockland Park Blvol.  Suprise Fl. 33351		
Enter new mailing address, if applicable:		1771 W Oakland DEK Blind		
(Mailing address MAY BE A POST OFFICE BOX)		Surb 210		
		somme Fl 55351		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	•	office address on our records, enter the name of the new re:		
New Registered Office Address:	IFFF	W OZKIZM POYK Blw. Suite 210		
Now Designation of Assembly Signature of the series Designation	Sonn	City Zip Code		
New Registered Agent's Signature, if changing Re		_		
provisions of all statutes relative to the proper accept the obligations of my position as registe	and complete ered agent as gistered offic hange.	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is e address, I hereby confirm that the limited liability		

Page 1 of 3

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBIZ	Leurnovitz Eden	Exico pard 750 W 1FFF	<u>rg]</u> □ Add
		Suit 210	□ Remove
		Sunnic Fl 33351	Change
<del></del>			🖸 Add
			□ Remove
			Change
			🗀 Add
			Remove
		<del> </del>	Change
			Remove
			Change
			□ Remove
		<u></u>	Change
		: e :	
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
		5	р <b>С</b>

		· · ·			
					<del>.</del>
		<del>_</del>			
			<del></del>	<u> </u>	
		<u> </u>	<del></del>	<del></del>	
	<u> </u>	<del>_</del>	<del></del> .		
<del></del>					
					<del>-</del>
				, <sub>0</sub>	
ective date, if other to effective date is listed, the	than the date of fill	ng:	to of filing or more than	(optional)	Pursuant to 605 (
te: If the date inserted	l in this block does no	t meet the applicable	statutory filing requir	ements, this date	will not be listed
cument's effective date	on the Department of	i State & records.			
record specifies a	delayed effective	date, but not an	effective time, a	at 12:01 a.m. o	on the earlie
he 90th day after	the record is file	d.			
red 12/97)	17.				
<del></del>			11 ,	·	. <b></b>
·		<b>\1</b>	11 1 .	<b>1</b>	· 🕳
	Signature of	a member or authorized	170011 I representative of a me	mber :-	· <u> </u>
	Signature of	a member or authorized	-	mber ;-	
	Signature of		-	mber : -	FILE 3
	Signature of	a member of authorized	-	mber :-	

Filing Fee: \$25.00