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J. Shivers MAR 0 4 2015

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ADP Investments, LC
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:
Benjamin Story Name of Person
ADP Investments uc Firm/Company
1046 Person st
Address  Vicioioxxxxxxx = 2000 lb
City/State and Zip Code
alianas adbiusa est ments il como il como
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Benomin 5101 at 407, 5304702
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Control of Corporations Clifton Building Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 \_\_O5|O6|10 and assigned Florida document number L 10000048546 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 offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

<b>)</b> -	<u> </u>
	/
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	` ./

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 **Type of Action Title** Address <u>Name</u> MGR EVERARDO SANTOS Ussimmee I 34741 \_□ Remove □ Add ☐ Remove \_ Add \_□ Remove ☐ Add □ Add ☐ Remove

Ņ.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	On the registered agent names address appear
	Everardo M. Scintos. That is incorrect. He clocknit
	have a middle initial. It is only Everardo santos
	We think it was a typing mistake. Please correct it
	• •
E.	Effective date, if other than the date of filing:  (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
E.	(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  Signature of a member or authorized representative of a member
E.	(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

Page 3 of 3

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