11000051112

(Re	questor's Name)	
(84)	dress)	
(Ad	aless)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
•		
(Bu	siness Entity Nan	ne) .
(5)	**************************************	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE
DEC 1 8 2012
EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	ст: <u>Тн</u>		INVESTMENT LLC.			
	•	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
			GASTON BELEN			
			Name of Person			
		GF	FB TAX SERVICE LLC			
			Firm/Company			
		521	10 SW 201st TERRACE			
			Address			
		SOUTH	WEST RANCHES, FL 33332			
			City/State and Zip Code			
		GASTONBE	LEN@GFBTAXSERVICE.COM to be used for future annual report notification	<u>Л</u>	PG S	•
		·	•	1)		Þ
For furt	her information of	concerning this matter, please of	call:		ASS.	=>7
	GAS	STON BELEN	at (754) 246	-6160		
	Name o	of Person	Area Code & Daytime Tele	phone Number	12:47	E
Enclose	d is a check for t	he 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 St Certified Copy (additional copy	atus &	

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

	City	Zip Code	
	, ~,	Florida	
New Registered Office Address:	Enter Florida street address		
Navy Panistanad Office Address:			
Name of New Registered Agent:			
registered agent and/or the new registered office address	inere:		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		s, enter the name of the new	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
training union case that I DD 11 1 Oct 1 O1 1 1 OD DOTS		26	
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
•			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	ACC 12 D	
Enter new principal offices address, if applicable:			
The new name must be distinguishable and end with the words ". "L.L.C."	Limited Liability Company," the des	signation "LLC" or the abbreviation	
22 If amonding name, enter the new name of the mineta	nability company nere.		
A. If amending name, enter the new name of the limited	liability company here		
This amendment is submitted to amend the following:			
Florida document number 1000051112.			
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned	
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our re	cords.)	
· _ IHEE FISHES INC	JESTMENT LLC.		

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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	Name	Address	Type of Action		
M6em	CA-pueed, lucas.	2801NE 209 TEERAG 2nd Floo AUGUTURA FL 33180.US	Add Remove		
<u>M6em</u>	THEEF SHARKS CORPORATION	5210sw 201 st TERRACE Southwest RANCHES, FI 33332	Add ☐ Remove ,		
			Add Remove 		
			_□ Add □□ Remove		
			_□Add _□Remove -		
			Add Remove		
D. If an	nending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	FILED 12 DFC 17 PM 2: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Dated _	December 1200, 20	<u>012</u> .	_		
		or authorized representative of a member			
	G. Tvned	or printed name of signee			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

Page 2 of 2

Filing Fee: \$25.00