Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

. From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087 Phone : (954)389-1333

Fax Number

: (954)389-1397

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

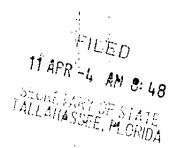
Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIRGEN DE FATIMA INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIRGEN DE FATIMA IN	VESTMENTS	, LLC	Address Tolling
(Name of the Cimited Liability Company (A Plorida Limited Lia	' ss (t now appears of bility Company)	OUT Tecords.)	
	· · · · · · · · · · · · · · · · · · ·		
The Articles of Organization for this Limited Liebility Company w	ere filed on	6/9/2010	and assigned
Florida document number <u>L1000006 a0a.5</u>			- `
Florida document munder CONNOCO A DOC			
This amendment is submitted to amend the following:			
1 10 martin and the second of the bird first the	to access away haves		
A. If smending name, enter the new name of the limited liabili	ta commune nete:		•
			····
The new mame must be distinguishable and end with the words "Limite	d Lizbility Company,"	the designation "LLC	or the abbreviation
"LLC."		•	
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 offic	e address on our	records, enter the	name of the new
registered agent and/or the new registered office address have:			
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street addres	<u> </u>
		, Florida	
	City		Zip Code
Now Registered Agent's Signature, if changing Registered Agent;			
I hereby accept the appointment as registered agent and agree	to act in this capac	ity. I further agree	to comply with
the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as pr	te performance of the	ny duries, and i am	jamiliar with and
accept the adugations of my position as registered agent as pro- being filed to merely reflect a change in the registered affice a	oviaeu jar in Grapi Adress I harabo coi	er voo, r.s. ca, ij i ifirm that the limite	nu aqeumeni is ed llability
second litter to their ail telenon or allowed a fitte telegration of their		2 n oor	

If Changing Registered Agent, Signature of New Registered Agent

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company has been notified in writing of this change.

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

MGR = Manager MGRM = Managlag Member

Title	Name	Address	Type of Action
MGR	Monica Cataluna Shand	2893 Executive Park Orive Suite 304 Weston, FL 33331	_{ } Add Remove
Mainten-Village Columbia			Add Remove
			Add Remove
			Add Remove
			Add Kentave
Li. III. Mi Agy			Add Remove
D. If amendin	g 20y other information, onter change(s) here: (Attach addittonal sheets, if necessary.)	_
			- -
Dated A	il 4 ROH	/	
X *		quinorized representative of a member Arche Suncaives printed name of signee	

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Filing Fee: \$25.00