# #L 11000058784

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K. SALY EXAMINER JUN 21 2011

## **COVER LETTER**

TO:	Registration S Division of Co							
SUBJE	CT:	1032 In	vestments, LLC					
		Name of Lim	ited Liability Company					
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.					
Please 1	eturn all corresp	ondence concerning this matter	r to the following:					
Seydi S Whatley								
			Name of Person					
		1	032 Investments, LLC					
	Firm/Company							
			P. O. Box 550154					
	Address							
	Fort Lauderdale, FL 33355							
City/State and Zip Code								
For furt	Seydiw@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:							
	Se	ydi S Whatley	at ( 954 )	496-5982				
	Name	of Person	Area Code & Daytime Telephone Number					
Enclose	d is a check for t	the following amount:						
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	e of Status &			

### 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

FILED 11 JUN 20 PM 4: 37

103 ( <u>Name of the Limited Liab</u> (A Flori	2 Investments, LLC ility Company as it now appea da Limited Liability Company)	rs on our records.)	CARLOSEE, FLORIDA	
The Articles of Organization for this Limited Liabilit Florida document numberL11000058784	· · · · —	05/19/2011	and assigned	
This amendment is submitted to amend the following	<b>;</b> :			
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :		
	n/a			
The new name must be distinguishable and end with the "L.L.C."		-		
Enter new principal offices address, if applicable:	no di	ances		
(Principal office address MUST BE A STREET AL				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		nges		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter	the name of the new	
Name of New Registered Agent:	no dranges			
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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 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 Changing Registered Agent, Signature of New Registered Agent

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 = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action MGRM** Reef Properties, LLC 1820 N. Corporate Lakes Blvd. Suite 208 Remove Weston, FL 33326 \_\_\_ Add Remove Add \_ Remove  $\prod Add$ Remove  $\square$ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 06. 16 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00