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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Dusiness Fath, Name)
(Business Entity Name)
(5
(Document Number)
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COVER LETTER

TO: Registration Section **Division of Corporations**

INVEST MENT LOUELOPMENT & CONSULTANTS, LLC.

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:

City/State and Zip Code

Juan R. bernal (a Jahoo, Ooc

For further information concerning this matter, please call:

BERNAL at (716) 423 5818.

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

US INVESHENT	DEVELOPHENT &	CONSULTANTS, LLC
(<u>Name of the Limited Liz</u> (A Flo	ibility Company as it now appears of orida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on 07	7/12/20/1 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company."	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
	····	<u> </u>
		LA
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>	SH 21
		OR STA
B. If amending the registered agent and/or		
registered agent and/or the new registered office	e address here;	•
Name of New Registered Agent:		
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, <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				
Title	Name	Address	Type of Action	
46 <u>K H</u>	BERNAL, JUAN K.	15706 SW 725+ \$ 401 Maul	Add	
			Remove	
M6R	ROA, Predrahita Avan	15t0 15706 SW 725t \$ 401 Afrau	✓ 🔀 Add	
			Remove	
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			Alor OF S	
			ORDA Remove	
			Add	
		- · · · · · · · · · · · · · · · · · · ·	Remove	
		<u> </u>	Add	
			Remove	

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
Ē	ADD: ROA PIEDRAHITA AUGUSTO				
•	HHLO 15706 SW 72 ST STE \$401 Hrami FL 33193				
	Mrami FL 33193				
Dated _	OC+ 17-13 // ////				
	Junily multipart				
	Signature of a member of authorized representative of a member				
	Juan R. BERNAL,				
	Typed or printed name of signee				
	Page 3 of 3				
	E11 E 025.00				

• • •

Filing Fee: \$25.00

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