L11000088863

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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LLC

SEP 2.2 2020 D CCANALL





August 27, 2020

LUIS F. GOMEZ 16883 ROYAL POINCIANA DR. WESTON, FL. 33326

SUBJECT: SECURITY SHOPS LIMITADA LLC

للمائي المنافعة فيعوي والمراب للمستقيل والمائي والمائي والمتابية والمتابية

Ref. Number: L11000088863

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P20000024243.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 720A00016461

COVER LETTER

TO:

Registration Section

Tallahassee, Fl. 32314

Division of Cor	porations	•		
er in 1427''''	SECURITY SH	OPS LIMITADA LLC		·
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	ndence concerning this matter	o the following:		
		Luis F Gomez		
		Name of Person		
	SEC	JRITY SHOPS LIMITAE	A LLC	
		Firm/Company	 	
	10	5883 Royal Poinciana Dr		
	Address	y		
		Weston, FL 33326		
		City/State and Zip Code		
		lufegom@gmail.com		
	E-mail address: (t	o be used for future annual re	port notification)	
For further information c	oncerning this matter, please co	ill:		
Luis F Gomez		305 333 at ()	-1397	
Name o	f Person	Area Code	Daytime Telephone	Number
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	nsed) (60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Division	tion Section of Corporations	
P.O. Box 632	7	The Cen	tre of Tallahasse	ee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECURITY SH	IOPS LIMITADA LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears of ted Liability Company)	<u>n our records.</u>)	_
The Articles of Organization for this Limited Liability Compared Florida document number L11000088863	any were filed on	/2011 and	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:	:	
TOURMALINE INVESTMENTS LI	LC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the desig	gnation "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable:	N/A	7929	
(Mailing address MAY BE A POST OFFICE BOX)) (3 ⁻	
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our reco	ords, enter the name of the	i j new registere
Name of New Registered Agent: N/A			
New Registered Office Address:	Enter Florida	street address	
	City	, Florida	7
New Registered Agent's Signature, if changing Registered Age	City ent:	zip C	oae
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off	agree to act in this cap lete performance of my as provided for in Cha	oduties, and I am familian upter 605, F.S. Or, if this o	with and document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Change
			□Add
			Change
			□ Add
			□Remove
		•	□ Change
			
		-	□Remove
			□Change

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	June 24, 2020 (optional)
E. Effective date	
(If an effective date	e; if other than the date of filling. The is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the is listed, the date must be specific and cannot be prior to date on the Department of State's records.
Note: If the da	fective date on the Department of State's records.
goode	C. (1) The Ofth day aft
-	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
If the record specific record is filed.	CS & quiay va accessory
record is rives.	
	June 17 2020
Dated	
	x () () () () () () () ()
	Signature of a member or authorized representative of a member
	Diana M Gomez