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B. BOSTICK SEP **2 3** 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LA CHIUA INVESTMENT 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:	
LUIS FARFAN	
Name of Person	
Firm/Company	·
1555 SEMORAN BLUD SUIT 1321 Address	
City/State and Zip Code Cochiva or lando @ gmail. com. E-mail address: (to be used for future annual report notification)	
Jachiva or lando Q gmail. com.	y Name Dr. 1.5
For further information concerning this matter, please call:	SEP
LUIS FARFAN at (407) 2272947 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$25.00 Filing Fee & \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified C	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

	TMENT	llc			
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appea ability Company)	rs on our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L 110001095</u> :		were filed on <u></u>	SEP 26, 201	A and assig	ned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	e limited liabi	ity company h	ere:		
The new name must be distinguishable and end with the wor	rds "Limited Liabi	lity Company," the	designation "LLC" or the	ne abbreviation "L.L	C."
Enter new principal offices address, if applicab	le:	1555 5	Bemoran Bl	VD.	
(Principal office address MUST BE A STREET	Principal office address MUST BE A STREET ADDRESS) WINTER PARK FL, 32792				
		SUIT /	1321		
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered of		n our records, <u>ent</u>	er the name of	the new
Name of New Registered Agent:		Luis	Forfan	<u> </u>	
New Registered Office Address:	_	Enter Flo	Cr. APT 2 orida street address	205 23	
	Ovied	City	, Florida	32765 Zin Code	
New Registered Agent's Signature, if changing Res	gistered Agent:	0.1.9		: (mar)	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in the region of the change in the region of the change in the region.	and complete ered agent as p gistered office	performance of rovided for in additess, There	f my duties, and I a Chapter 605, F.S. (m familiar with Or, if this docun limited liability	and nent is

Page 1 of 3

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

MGR = Manager

AMBR = A	uthorized Member		•
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jose Acosta	1555 Semoran Bluo	
		Winter Park Fl, 32792	Remove
		Suit 1321	
MGR	Luis Fortan	5669 Elmhurst CR.	 Add
		Outedo FL, 32765	□ Remove
		Apt 205.	
			🗆 Add
			□ Remove
			Add
			□ Remove
		· .	43S
			· Co
			Remove
		· · · · · · · · · · · · · · · · · · ·	
			□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
٠	New Shores composition
	Luis Farfan 99.00%
	Carlos Suarez 1,00%.
E. (Effective date, if other than the date of filing:(optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated Septi 16/2014.
	Signature of a member or authorized representative of a member
	Sose Acosta:
	Typed or printed name of signee

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Filing Fee: \$25.00