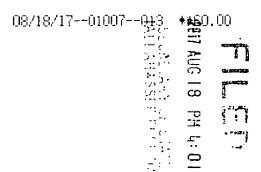
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J. HARRIS

COVER LETTER.

TO: Registration Division of C					•
2112 1227	FPSD INVI	ESTMENT LLC			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	unitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	CA	TALINA JARAMILLO			£
		Name of Person			
	FP	SD INVESTMENT LLC			
		Firm/Company			
	6	500 HOFFNER AVE			
		Address			
		ORLANDO,FL 32822			•
		City/State and Zip Code			
		NEDEALER & GMAIL.CO to be used for future annual re		 	
For further information	concerning this matter, please e		chore nonneanon)	'	
CATALINA JA	RAMILLO	407	203-6825		
Name	e of Person	at () Area Code	Daytime Teleph	one Number	
Enclosed is a check to	the following amount:				£
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enck		Certified (e of Status &
Regi Divi: P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327	Registration Division of Clifton Bu	/COURTER AD on Section of Corporations ofliding		ŧ

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(// 1/	опца таписи г	any as it now appears on ou Liability Company)				
The Articles of Organization for this Limited Liabili	ity Company	were filed on11/1	4/11		and as	signed
Florida document numberL11000129367	·					
This amendment is submitted to amend the followin	ıg:					i
A. If amending name, enter the new name of the	limited liab	oility company here:		E		
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designat	ion "LLC" or the			LC."
Enter new principal offices address, if applicable:		6500 HOFFNER A	VE	<u> </u>	2 8 11	
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO FL 32822		<u> </u>	<u>~</u>	
				1 , 2 ,	1.9	(a)
				MIN.	- α	عرودة با معرودة با
Enter new mailing address, if applicable:		6500 HOFFNER AVE			73	1 1
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO FL 32822		<u></u> 	<u>+:</u>	
				₩. 315	2	
3. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>entc</u>	r the	name	of th
Name of New Registered Agent:	CATALINA JARAMILLO					
Now Rouistored Office Address 65		FNER AVE		•		
New Registered Office Address:		Enter Florida sire	et address	·	·	
New Registered Office Address:						
New Registered Office Address:	0	RLANDO	Florida _	32822		
New Registered Office Address:	()	RLANDO Ciņ	, Florida <u>-</u>		Gp Code	

If Changing Registered Agont, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 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
MGRM	EZZI, FRANCISCO J	5694 CENTRAL FL PKWAY	
		ORLANDO FL 32821	■ Remove
			☐ Change
MGRM	JARAMIELO CATALINA	6500 HOFFNER AVE	『 □ Add
		ORLANDO FL 32822	Remove
			☐ Change
MGRM	MEJIA ANDRES FELIPE	6500 HOFFNER AVE	
		ORLANDO FL 32822	Remove
			□ Remove
			€ □ Change
·			Add
			Silving Change
			PH LAdd
			□ Remove
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n effective date is ote: If the date is current's effecti	inserted in this block does no ive date on the Department o	and cannot be prior to date of filin of meet the applicable statutory of State's records.	y filing requirements, this o	iling.) Pursuant to 605.020 date will not be listed a
	ifies a delayed effective after the record is file	e date, but not an effect ed.	tive time, at 12:01 a.	m. on the earlier o
ne 90th day				
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	·	UNA JARA	millo	AUG 18

Filing Fee: \$25.00