

L11000129367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

AR 11/11/17

Office Use Only



800302703858

08/18/17--01007--043 \*\$80.00

FILED  
2017 AUG 18 PM 4:01  
RECEIVED  
CLERK OF SUPERIOR COURT  
JULIA HARRIS

AUG 21 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FPSD 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:

CATALINA JARAMILLO

Name of Person

FPSD INVESTMENT LLC

Firm/Company

6500 HOFFNER AVE

Address

ORLANDO, FL 32822

City/State and Zip Code

MOTORONEDEALER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATALINA JARAMILLO

407

203-6825

Name of Person

at ( )

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**

FPSD INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/14/11 and assigned  
Florida document number L11000129367.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

6500 HOFFNER AVE

ORLANDO FL 32822

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

6500 HOFFNER AVE

ORLANDO FL 32822

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CATALINA JARAMILLO

New Registered Office Address:

6500 HOFFNER AVE

*Enter Florida street address*

ORLANDO

*City*

Florida 32822

*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 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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	EZZI, FRANCISCO J	5694 CENTRAL FL PKWAY	<input type="checkbox"/> Add
		ORLANDO FL 32821	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JARAMILLO CATALINA	6500 HOFFNER AVE	<input type="checkbox"/> Add
		ORLANDO FL 32822	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	MEJIA ANDRES FELIPE	6500 HOFFNER AVE	<input type="checkbox"/> Add
		ORLANDO FL 32822	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2017 AUG 18 PM 4:02  
TALLAHASSEE, FLORIDA  
CLERK OF DISTRICT COURT

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

8

8

8

E. Effective date, if other than the date of filing: 8/1/17 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 7/22/17

Signature of a member or authorized representative of a member

CATALINA JARAMILLO  
Typed or printed name of signee

Typed or printed name of signee

FILED  
2017 AUG 18 PM 4:02  
FBI - ALBUQUERQUE  
FBI/KANSAS CITY