

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VINCENNES 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:

Ines Josupeit
Name of Person

Vincennes Investment LLC
Firm/Company

2745 1st Street # 1302
Address

Fort Myers, Fl. 33916
City/State and Zip Code

inesjosupeit@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ines Josupeit
Name of Person

at (239) 822 9745
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUN - 1 AM 11:56

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Vincennes 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 1/10/2012 and assigned
Florida document number L 12000004439.

This amendment is submitted to amend the following:

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

Vincennes Investment LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2745 1st Street #1302
Fort Myers, FL 33916

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2745 1st Street #1302
Fort Myers, FL 33916

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:

Ines Josupeit

New Registered Office Address:

2745 1st Street, Fort Myers, FL 33916
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.

Ines Josupeit
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Valiyani, Aineel	3713 11th St. W Lehigh Acres, FL 33971	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Dossahi, Aslam	9260 Carolina St. Bonita Springs, FL 34135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Josupeit, Ines	2745 1st Street #1302 Fort Myers, FL 33916	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

2012 JUN -1 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated 5/16/2012

Signature of a member or authorized representative of a member
Ines Josupeit / AINEEL VALIYANI
Typed or printed name of signee