# L1200014009

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C. LEWIS

APR 1 6 2013

EXAMINER

## **COVER LETTER**

Registration Section **Division of Corporations** 

PRRdo URREA Investment, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pavel Pardo Firm/Company 1985 nw 88th Court Suite +101 DORAL FL 33172

City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (786) 463-1777

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

FILED

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Partell	7	SECRETARY OF STATE
I AROO URRE	A Inve	DEPENDENT OF LAULANASSEE, FLORIDA  ADDRESS ON OUR records.)  any)
(Name of the Limited Liability Co (A Florida Limi	mpany as it now ap ted Liability Compa	<u>appears on our records.</u> ) any)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L12000014009</u>		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company	v here:
LIPP Toward	110	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Co	Company," the designation "LLC" or the abbrevia
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address o <u>bere</u> :	on our records, enter the name of the r
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
-		Enter Florida street address
		, Florida
-	City	, Florida
New Registered Agent's Signature, if changing Registered Ag		
77		

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.

If Changing Registered Agent, Signature of New Registered Agent

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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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		A STATE OF THE STA	Add
			Remove
			Add
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D. If amending any other information, enter change(s) here: (Attach additional	al sheets, if necessary.) FILED
· ,	13 APR 15 PM 2:5
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated	
Signature of a member or authorize Representative of	of a member
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00