

L12000030215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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AUG 25 2014  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 3, 2014

DANIEL N. RODRIGUEZ  
237 SW 13TH ST APT 408  
MIAMI, FL 33130

SUBJECT: POP CUPON, LLC  
Ref. Number: L12000030215

We have received your document for POP CUPON, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "PA." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 714A00014407

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **POP CUPON, 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:

**DANIEL N. RODRIGUEZ**

Name of Person

**POP CUPON, LLC**

Firm/Company

**237 SW 13TH ST APT 408**

Address

**MIAMI, FL 33130**

City/State and Zip Code

**danrodriguezpa@aol.com**

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

For further information concerning this matter, please call:

**DANIEL N. RODRIGUEZ**

Name of Person

at **305 9878707**

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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

POP Cupon, 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 03/02/2012 and assigned  
Florida document number L12000630215.

This amendment is submitted to amend the following:

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

INVEST PN MIAMI, 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**)

13718 SW 147 Circle Lane  
Suite 4  
MIAMI, FL 33186

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

13718 SW 147 Circle Lane  
Suite 4  
MIAMI, FL 33186

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:

N Daniel Rodriguez

New Registered Office Address:

13718 SW 147 Circle Lane 4

Enter Florida street address

Miami

Florida

33186

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	N Daniel Rodriguez	13718 SW 147 Cir Lane 4	<input checked="" type="checkbox"/> Add
		Miami, FL 33182	<input type="checkbox"/> Remove
		13718 SW 147 Cir Lane 4	
AMBR	D Carolina Alvarez	Miami, FL 33182	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Rodriguez, Nancy C.		<input type="checkbox"/> Add
			<input checked="" 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

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TALLAHASSEE, FLORIDA

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

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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 August 21, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Daniel Rodriguez  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA