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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

INVEST FLORIDA HOME, 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:

Jacob Mandolang

Name of Person

Invest Florida Home, LLC

Firm/Company

275C Compassvale Link #12-226

Address

Singapore 543275, Singapore

City/State and Zip Code

jmandolang@gmail.com

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

For further information concerning this matter, please call:

Jacob Mandolang

₇65 \96776896

Name of Person

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

INVEST FLORIDA HOME, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa	any were filed on 03/26/2012	and assigned
Florida document number L12000041344		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		
Enter new mailing address, if applicable:	275C Compassvale Lin	k #12-226
• • • •	Singapore 543275	Pro-
•	SINGAPORE	
B. If amending the registered agent and/or registered	office address on our records,	
amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation ".C." er new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: 275C Compassvale Link #12-226 Singapore 543275		
Name of New Registered Agent:		
New Registered Office Address:	•	
	Enter Florida st	reet address
	, Flo	orida
	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.

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

<u>Title</u>	<u>Name</u>	Address Type of Action
MGRM	MANDOLANG, JACOB	275C Compassvale Link #12-226 Add
		Singapore 543275
		Singapore
MGRM	TEO MEI LING, JACQUELINE	275C Compassvale Link #12-226
		Singapore 543275
		Singapore
	<u>. </u>	Add
		Remove
		Add ·
		Remove
		Add
		Remove
***		Add
		Remove

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated N	November 14 2013
	Yacob Mando lang
	Signature of a member or authorized representative of a member
	JACOB MANDOLANG
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00