

L12 0000 82949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

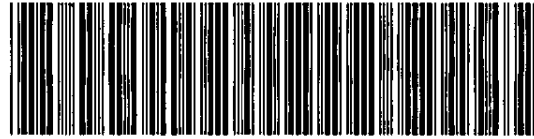
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF THE
CLERK OF THE
SUPREME COURT
JANUARY 1, 2010

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AUG 19 2014

T CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3181 Investments, 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:

Claudia Rubio

Name of Person

Windsor Title Services, Inc.

Firm/Company

3191 Coral Way, Suite 106

Address

Miami, FL 33145

City/State and Zip Code

claudiar@windsortitle.com

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

For further information concerning this matter, please call:

Claudia Rubio

Name of Person

at **(305) 444-2086**

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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>
AMBR	Alfredo Borges	848 Brickell Avenue, Suite 1215, Miami, FL 33131	☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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ST. JOHNS COUNTY
CLERK OF COURT
JANET M. HARRIS

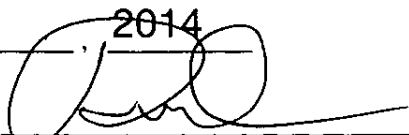
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 **February 03**

2014



Signature of a member or authorized representative of a member

Rafael Cedeño

Rafael Cedeño
Typed or printed name of signee

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CLERK OF THE COURT
JUDICIAL ADMINISTRATION
STATE OF FLORIDA