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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Se Division of Cor		
	lar 3550 Investments, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filling.	
Please return all correspo	condence concerning this matter to the following:	
	Carolyn Zegeer, Esq.	
	Name of Person	
	Vagabond Group	
	Firm/Company	
	7272 NE 6th Ct. #10	
	Address	
	Miami, FL 33138	
	City/State and Zip Code	
	carolynzegeer@thevagabondgroupllc.com	<u>-</u>
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Carolyn Zegeer	954 62-2201 at ()	
Name o	of Person Area Code Daytime Telephone N	lumber
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional 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

(<u></u>	ited Liability Company as it now appea (A Florida Limited Liability Company)	<u></u>
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{7}{2}$	/27/2012 and assigned
Florida document number L12000097360	•	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	<u>iere</u> :
Skylar 3550 Investments, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	CIP AMERICA	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		S0= -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	RATE III
B. If amending the registered agent and registered agent and/or the new registered		n our records, enter the name of the no
Name of New Registered Agent:	Carolyn Zegeer, Esq.	
New Registered Office Address:	7272 NE 6th Ct., #10	
	Enter Flo	orida street address
	Miami	, Florida 33138 Zip Code
	City	Zip Code
	Registered Agent:	
New Registered Agent's Signature, if changing		

-

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Pedro Martin		Add
			■ Remove
			Change
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If amen	ding any other	information, enter	change(s) here: (Attach d	additional sheets, i	if necessary.)	
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(If an effe Note: I	ctive date is listed, t	d in this block does not	ng: Ind cannot be prior to date of file t meet the applicable statuto f State's records.	ing or more than 90 da ry filing requiremer	nts, this date will not	t to 605.0207 (2 be listed as th
		delayed effective the record is filed	date, but not an effection.	ctive time, at 12	2:01 a.m. on the	earlier of:
Dated _	March 8		2016			
			<u> </u>			
		Signature o	a member or authorized repres	entative of a member	2016	er-j."Y
	Avra Jain		Typed or printed name of s	gnee	2016 KAR 1	3
			Page 3 of 3		ARY OF D	
			Filing Fee: \$25.0	10	FI.OR	
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