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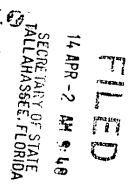
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COVER LETTER

TO: Registration Section **Division of Corporations** 601 N. Federal 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: Jason M. Lazar Name of Person Investments Limited Firm/Company 215 N. Federal Highway Boca Raton, FL 33432 City/State and Zip Code ilazar@investmentslimited.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jason M. Lazar Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

601 N. Federal Investments, 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 <u>08/13/2012</u> and assigned Florida document number <u>L</u>12000103790 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 601 Federal Investments, 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Remove
			Add
			Remove SECRETARY ARY ARY ARY ARY
			SECRETARY OF STATE ALLAHASSEE, FLORIDA
			A
			□ Add
			Remove
			Add
			Remove

he effective	date must be spec	nan the date of f eific, cannot be prior by Me Florida Depa	to date of receipt or filed da	(optional) te and cannot be more than 90 days after
Dated Ap				
-		Signatura	of a member or authorized	representative of a member
	James H	J	an, MGRM	
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Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FI ORIO.