

L12000107665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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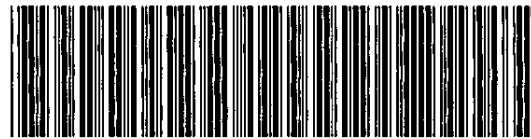
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **JULIAN M 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:

LUZ M PICO ZABALA

Name of Person

JULIAN M INVESTMENTS LLC

Firm/Company

7601 E TREASURE DR SUITE 1416

Address

NORTH BAY VILLAGE, FL. 33141

City/State and Zip Code

INFO@JCPACCOUNTINGANDTAXES.COM

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

For further information concerning this matter, please call:

LUZ M PICO ZABALA

Name of Person

at (**505 717 8894**)

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**

JULIAN M INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/21/2012 and assigned
Florida document number L12000107665.

This amendment is submitted to amend the following:

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

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: PICO ZABALA, LUZ M

New Registered Office Address: 7601 E TREASURE DR SUITE 1416
Enter Florida street address

NORTH BAY VILLAGE, Florida 33141
CityZip 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. If, 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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	MONTOYA PICCO, JULIAN F	7601 E TREASURE DR. SUITE 1416	<input type="checkbox"/> Add
		NORTH BAY VILLAGE, FL. 33141	<input checked="" type="checkbox"/> Remove
MGRM	BURITICA PICO, ESTEFANIA	7601 E TREASURE DR. SUITE 1416	<input checked="" type="checkbox"/> Add
		NORTH BAY VILLAGE, FL. 33141	<input 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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			<input type="checkbox"/> Remove

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

Dated November 01, 2012



Signature of a member or authorized representative of a member

Julio C Pico, MGR.

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA