# L130000 17818

(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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OCT 1 9 2020 S. YOUNG



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Letter Number: 620A00016942

# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2020

GISELA PARRA TEME INVESTMENTS LLC 6220 NW 77TH TERRACE PARKLAND, FL 33067

SUBJECT: TEME INVESTMENTS LLC

Ref. Number: L13000017818

We have received your document for TEME INVESTMENTS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

	ration Section on of Corporations		, ,		
SUBJECT:	TEME	MYEST	MENTS	LLC	
		Name of Limi	ted Liability Company		
The enclosed A	rticles of Amendment	and fee(s) are subi	mitted for filing.		
Please return al	l correspondence conc	erning this matter t	o the following:		
		Gise	la Parv Name of Person	a	·
		TEME 1	NVEST M. Firm/Company	ENTS	LLC
		6220 r	VW 77 Address	th Ter	
		Park	land, F	- - 330	067
		9 Sela E-mall address: (ti	City/State and Zip Cod Parrabbb be used for future anni	ede Sinai repolitioni notificat	J. Com
For further info	rmation concerning thi			V	
<u>Gi</u>	Sela Farr Name of Person	<u>a</u>	at ( <u>561</u> )	B62	23200 Iephone Number
			macode	rzaytine (c	repriorie ixamoer
Enclosed is a ch	eck for the following a	imount:			
□ \$25.00 Film	-	Filing Fee & Teate of Status	L2 \$55.00 Filing Fe Certified Copy (additional copy is a		. \$60.00 Filing Fee. Certificate of Status & Certified Copy
	Ibe	liere pa	id for alr	eady	(additional copy is enclosed)
Regist Divisi P.O. E	<u>Address:</u> ration Section on of Corporations Box 6327 assec, FL 32314		Regis Divisi The C 2415	Address: tration Sectio ion of Corpor lentre of Talla N. Monroe St tassee, FL 321	ations thassee reet. Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEME INVESTMENTS LLC

( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L13000017818</u>	and assigned on $\frac{02\sqrt{04/2013}}{2013}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRES)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	55
agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	, Florida Cin Ziv Code
	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 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.

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>	Name	Address	Type of Action
MGRM	Eduardo Parra-	Danla14985 Roan Ct_	&\/\dd
		Danla_ 14985 Roon Ct_ Wellington, FL 33414	□Remove
			🗆 Add
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fective date, if a	other than the date of isted, the date must be speci	filing:		(opt	ional)
n effective date is h ote: If the date in	isted, the date must be speci iserted in this block does	ific and cannot be pa s not meet the app	dicable statutory filir	ore than 90 days after the second of the sec	r filing.) Pursuant to 605.02 is date will not be listed
cument's effectiv	re date on the Departmen	nt of State's recor	ds.		
scord specifies a distilled.	delayed effective date, b	ut not an effective	e time, at 12:01 a.m.	on the earlier of: (	b) The 90th day after if
100 l	21/202 <b>0</b>				
ted 09/6	21/202 <b>0</b>	—· ——	<u></u> .		
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	Signature	of a member or at	thorized representative	of a member	