

L17000018340

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PLOTZ 2 INVEST, 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:

MAFODA, DAVID

Name of Person

PLOTZ 2 INVEST, LLC

Firm/Company

4611 S UNIVERSITY DR. #401

Address

DAVIE, FL 33328-3817

City/State and Zip Code

PLOTZ2INVEST@GMAIL.COM

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

For further information concerning this matter, please call:

MAFODA, DAVID

Name of Person

954 505-6450

at (

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**

PLOTZ 2 INVEST, 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 02/05/2013 and assigned
Florida document number L13000018340.

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:

4611 S UNIVERSITY DR. #401

(Principal office address MUST BE A STREET ADDRESS)

DAVIE, FL 33328-3817

Enter new mailing address, if applicable:

4611 S UNIVERSITY DR. #401

(Mailing address MAY BE A POST OFFICE BOX)

DAVIE, FL 33328-3817

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:

MAFODA, DAVID

New Registered Office Address:

3453 NW 83RD WAY

Enter Florida street address

COOPER CITY

City

, Florida 33024

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

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>
MGRM	CASTILLO, MIGUEL	1155 CHENILLE CIRCLE	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
MGRM	CASTILLO, ARAN	1155 CHENILLE CIRCLE	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

NEW ADDRESS FOR DAVIDA MAFODA IS:

3453 NW 83RD WAY COOPER CITY, FL 33024

NEW ADDRESS FOR ISAAC MAFODA IS:

CARRETERA VEA, FUNDO SAN REMO, EL TIGRE, EDO. ANZOATEGUI, VENEZUELA 6050

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 MAY 7TH, 2014



Signature of a member or authorized representative of a member

MAFODA, DAVID

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
14 MAY 14 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA