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#### Diego L. Restrepo, P.A. Attorneys at Law

Member:

Florida Bar Association

2600 S Douglas Road, Suite 913 Coral Gables, Florida 33134

Telephone: (305) 447-9430 Fax: (305) 448-5541

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Member:

Florida Institute of Certified Public Accountants

March 4th, 2019

Certified Mail Return Receipt Requested No.7017 3380 0000 6302 6200

Florida Department of State Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

# Ref: Articles of Amendment to Articles of Organization of Better Future Investments LLC ("the Company")

To whom it may concern:

Enclosed please find the Articles of Amendment to Articles of Organization of Better Future Investments LLC and check # 1561 in the amount of \$25.00 payable to the Florida Department of State to cover the filing fee

Should you have any question, please do not hesitate to call us.

Very truly yours,

Diego L. Restrepo, P.A.

Luisa Elena Cuadrado, Paralegal

## **COVER LETTER**

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cub ie				
SUBJE	<u> </u>	Name of Limi	ted Liability Company	
			<del>-</del>	
		DIEGO L. RESTREPO. ES	SQ.	
		TER FUTURE INVESTMENTS LLC  Name of Limited Liability Company  Eles of Amendment and fee(s) are submitted for filing.  DIEGO L. RESTREPO. ESQ.  Name of Person  DIEGO L. RESTREPO P.A.  Firm/Company  2600 SOUTH DOUGLAS ROAD, SUITE 913  Address  CORAL GABLES, FL 33134  City/State and Zip Code  LUISA@RESTREPOLAW.COM  B-mail address: (to be used for future annual report notification)  ation concerning this matter, please call:  REPO ESQ.  Name of Person  Area Code  Daytime Telephone Number  k for the following amount:  Fee  \$30.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  STREET/COURIER ADDRESS:		
		CORAL GABLES, FL 331		ne Telephone Number  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy
		=	COM	<del>-</del>
For fun	ther information co			ification)
DIEGO	D L. RESTREPO I	ESQ.		
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■</b> \$25	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		ING ADDRESS: ration Section	STREET/COUR Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BETTER FUTURE INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears of the Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company	were filed on $\frac{03}{}$	SCERE IARY OF STATE 1942UAHASSEE, FLORIS	nd assigned
Florida document number L13000032128	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company h	e <u>re</u> :	
N/A				
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the c	lesignation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applic	N/A			
(Principal office address MUST BE A STREE		N/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
B. If amending the registered agent and/ registered agent and/or the new registered of	fice address her		our records, enter the	name of the ne
Name of New Registered Agent:	N/A		-	
New Registered Office Address:	N/A			
<del></del>			rida street address	
			, Florida	
		City		o Code
New Registered Agent's Signature, if changing I	Registered Agent:	<u>1</u>		

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>	<u>Name</u>	Address	Type of Action
MGR	MARIA CATALINA VELASQUEZ	2600 SOUTH DOUGLAS ROAD, SUITE 913	
		CORAL GABLES, FL 33134	
			Remove
			☐ Change
MGR	INTERNATIONAL ADVISORS SERVICE, LLC	2600 SOUTH DOUGLAS ROAD. SUITE 913	<b>≅</b> Add
		CORAL GABLES, FL 33134	
			Remove
			□ Change
			Remove
		<del></del>	Change
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an effec ote: 1:	e date, if other than the date of filing:	
The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to 30th day after the record is filed.	he earlier of
ated _	iego US (2019)	

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Typed or printed name of signee

Filing Fee: \$25.00