L170000 36965

(Requestor's Name)
(Address)
,
(Address)
(City)Chaha (Ziny/Dhanna 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STARS,

JUN 0 6 2018 BRUCE

COVER LETTER

то:	Registration Se 'Division'of Cor					
SUBJ	ECT.	ENCINA II	NVESTMENTS LLC			
SUBJ	ECI:	Name of Lim	ited Liability Company			
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			BORJA FABREGAS			
			Name of Person		•	
			Firm/Company	<u></u>		
			P.O. BOX 13098			
			Address		•	
			MIAMI, FL 33101			
City/State and Zip Code						
			bregas@mamasonwheels.co to be used for future annual rep			
For fu	rther information c	oncerning this matter, please c	•	ort normation)		
	BORJA FAI		305 at ()	395-8099	**** ** 3	
	Name o	f Person	Area Code	Daytime Telephone Number	ZOIG JUL	
Enclo	sed is a check for th	he following amount:			1888 1888 1988 1988 1988 1988 1988 1988	
□ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	ling Fee, terof Status &	Ü

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

ENCINA INVESTM	IENTS, LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears Liability Company)	on our records.)	·	
The Articles of Organization for this Limited Liability Company Florida document numberL13000036965	were filed on	03/11/2013	and ass	igned
This amendment is submitted to amend the following:				
lorida document number				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	esignation "LLC" or	the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	111 SW 3rd stree	et		
(Principal office address MUST BE A STREET ADDRESS) Suite PH	<u> </u>			
	Miami, Fl 33130)		
Enter new mailing address, if applicable:				
Mauing duaress MAT BE A FOST OFFICE BOAT				
		our records, g	enter the name	of the new
Name of New Registered Agent:			ZOIR TAREGR	
New Registered Office Address:	Enter Flori	ida street address	JUL -5	The same
		. Flori	Ç.,	i i i
	City		Zip Code	5
New Registered Agent's Signature, if changing Registered Agent:	Ĺ		0 i	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of provided for in C	my duties, and . Thapter 605, F.S	I am familiar wit S. Or, if this docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 **Title** <u>N</u>ame **Address** Type of Action □ Add □ Remove □ Change □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Add □<u>;</u>
move _☐ Change # □Ādd Ċ Remove ☐ Change □ Add □ Remove □ Change

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	·····			
If an effective d Note: If the	te, if other than the date late is listed, the date must be state inserted in this block offective date on the Depart	specific and cannot be prior to date does not meet the applicable s	of filing or more than 90 days	optional) after filing.) Pursuant to 605.0207 (, this date will not be listed as t
ne record s The 90th	specifies a delayed eff day after the record	fective date, but not an is filed.	effective time, at 12:	01 a.m. on the earlier of:
Dated	JUNE 29	2016		AHA JE
<u> </u>				200 S
	Sign	nature of a member or authorized	representative of a member	0 % O

D.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00