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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: <u>Itt Jand Investments</u> , 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:
Hernan Pineda Name of Person
Coast to Coast Acquisition
4645 SE 11 PL Suite 103
Capa Coral FL 33904  City State and Zip Code
E-mail address: (to be used for filture annual report notification)
For further information concerning this matter, please call:
Adriana Figurator at (941) 256-0369  Name of Person Marea Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

FILED
13 NOV -4 PM 2: 23
ALCANAGE STATE
MILLANDOCKET STATE

(Name of the Limited Liab	NUCS TWON F	S L C STATE  RESIDA  TE SIN OUT PECOTOS.)
The Articles of Organization for this Limited Liabili Florida document number <u>L1300003793</u>	ty Company were filed on	03/12/13 and assigned
This amendment is submitted to amend the following  A. If amending name, enter the new name of the		<u>re</u> :
The new name must be distinguishable and end with the "L.L.C."  Enter new principal offices address, if applicable:		any," the designation "LLC" or the abbreviation
(Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Ei	nter Florida street address
_	Cin	, Florida Zip Code
	City	zip Coae

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. 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 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>	Address	Type of Action
MGRM	Carlos Gomez	4645 SE 11th PL	X Add
		Suite 103	
	0 ( 0	Cape Coral, FL 3390	04
MGRM	Carlos Navarro	4645 SE 11th Pl Svite	
		Capo Coral, FL 3390.	4 Remove
HGRH	Guillermo Cosrea	46 45 SE 11th Pl Suite 10	— 23 🗓 Add
		Cape Cosal, 7 2 3390	4 Remove
NGDU	Manuel Salayar	4645 SE 11th Pl Suite 10	- 
MOICM	- tarioci sauliar	Capa Coral, 71 33904	
	^	Hive or uth D. O.1	
MGRM	Yolanda Garces	Capa Cosal 7L, 33904	Add
			Remove
IGRH	Roul Correct	4645 SF 11 Pl Built 10:	- 3 🕅
( ) , , , ,	·······································	4645 SE 11 Pl. Buite 10: Cape Coral, FL 33909	Remove

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>	Name	Address	Type of Action
YGRH	Martha Pineda	4645 SE 11 Pl Suite 103	
		4645 SE 11 Pl Suite 103 Caper Coral 71 33904	Remove
			Add
			Remove
			Add
			Add
			Remove
			Add
			Remove
			Remove

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d Octobe	· C 22	, <u>2013</u> .	1	///	
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.1	<b>(</b> ).	a member or authori	zed representative of		
11					

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Filing Fee: \$25.00