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SECULTARY OF STATE
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#### **COVER LETTER**

TO: Registration Sec Division of Corp			
	♠,		
SUBJECT:	1315 INVES	TMENT GROUP LLC ed Liability Company	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	MIRNA	MELO Name of Person	
		Name of Person	
	1315 W	WESTMENT GROUP LU	C
		SESTMENT GROUP LU Firm/Company	
	16501 5	SW EG AVE	
		Address	<del></del>
	0 l ii	Λ	
	PAIMET	O BAY FL 33/57 City/State and Zip Code	
	ia tu S	5 + @ le C H > 18 ~	1
	E-mail address: (to	este lefunding. com o be used for future annual report notification	on)
For further information con	ncerning this matter, please ca	all:	
Mira A	Malo	at (305) 609-37.  Area Code & Daytime Te	38
Name of	Person	Area Code & Daytime Te	lephone 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

### FILED

## · ARTICLES OF ORGANIZATION DEC -6 PM 3: 18

OF

SECRETARY OF STATE TAIL MEASSEE, FLORIDA

		FALL Altribation	1.1.Vimore
(Name of the Limited Liability (A Florida I	STMENT GROW!	? LLC	
(Name of the Limited Liability	Company as it now app	ears on our records.)	
(A Florida I	Jimited Liability Compan	у)	
The Articles of Organization for this Limited Liability C	Company were filed on	April 10 2013	3 and assigned
			<u> </u>
Florida document number <u>L1300052666</u>	<del></del> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company	<u>here</u> :	
The new name must be distinguishable and end with the wor 'L.L.C."	rds "Limited Liability Cor	npany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
, ,,			
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·
			<del></del>
B. If amending the registered agent and/or regist		n our records, <u>enter th</u>	ne name of the new
registered agent and/or the new registered office add	<u>ress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addr	ess
		udu 9.0	
<del></del>	City	, Florida	Zip Code
	<b>011</b> <i>y</i>		

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	MirNA Malo	11402 NW 415T	🔀 Add
		Suite 202	Remove
		DORAL FL 33178	
			Add
		· · · · ·	Remove
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			Add
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			Add
			Remove
			Kemove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ated	December 4th, 2013
	Signature of a member or authorized representative of a member
	MIRNA Molo
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2019 DEC -6 PH 3: 18