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| (Re                                     | equestor's Name)   |           |
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| PICK-UP                                 | ☐ WAIT             | MAIL      |
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|   |                    |           |
| (1)0                                    | cument Number)     |           |
| Certified Copies                        | _ Certificates     | of Status |
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

1315 INVESTMENT GROUP 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:

Manuel Vadillo

Name of Person

Torres & Vadillo LLP

Firm/Company

11402 NW 41 Street, Suite 202

Address

Doral, FL 33178

City/State and Zip Code
invest@Irfunding.com

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

For further information concerning this matter, please call:

Mirna Melo

<sub>...</sub>305\609-3738

Name of Person

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

FILED 2014 JUN 23 PM 12: 08

1315 Investment Group LLC

(Name of the Limited Liability Company as it now appears on our recor

|   | (A Florida Limited Liability Company)  | TOTASSÉE. FLORIDE           |
|---|--|-----------------------------|
| The Articles of Organization for this Limited Li Florida document number L13000052666   | ability Company were filed on 04/10/2013                                     | and assigned                |
| Florida document number   | <del></del>  |                             |
| This amendment is submitted to amend the follo  | owing:   |                             |
| A. If amending name, enter the new name of  | the limited liability company here:  |                             |
| The new name must be distinguishable and end with the v   | words "Limited Liability Company," the designation "LLC" or                  | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applica   | able:  |                             |
| (Principal office address MUST BE A STREE   | T ADDRESS)   |                             |
|   |  |                             |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  | <u>BOX)</u>  |                             |
| (Mailing address MAY BE A POST OFFICE )  B. If amending the registered agent and/ registered agent and/or the new registered of           | or registered office address on our records, er                              | nter the name of the ne     |
| (Mailing address MAY BE A POST OFFICE I   | or registered office address on our records, er                              | nter the name of the ne     |
| (Mailing address MAY BE A POST OFFICE )  B. If amending the registered agent and/ registered agent and/or the new registered of           | or registered office address on our records, <u>er</u><br>fice address here: | nter the name of the ne     |
| (Mailing address MAY BE A POST OFFICE )  B. If amending the registered agent and/or the new registered off  Name of New Registered Agent: | or registered office address on our records, er                              |                             |

## 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** Yadelkis Cruz 6820 N Augusta Drive **MGR** ☐ Add Hialeah, FL 33015 ■ Remove 6820 N Augusta Drive Juan Cruz **AMBR** ■ Add Hialeah, FL 33015 ☐ Remove ☐ Remove □ Add ☐ Remove □ Add ☐ Remove ☐ Remove

| . If amending any other inform   | ation, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| Effective date, if other than the (The effective date must be specific, can the date this document is filed by the F   | ne date of filing: (optional) not be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State) |
| Dated June 20  | 2014   |
| Dated  | <del>2</del>   |
|  |  |
| Jeffer   | Signature of a member or authorized representative of a member   |
| Mirna Melo   |  |
| <del> </del>   | Typed or printed name of signee  |

Page 3 of 3

Filing Fee: \$25.00