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SEP 1 2 2019 T. HUM-YON

## **COVER LETTER**

то:	Registration Section Division of Corpo		÷	
SUBJE	ECT:	Name of Limit	Investment We ed Liability Company	<u></u>
The en	closed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		Ta	-illefe35e, Nicolass	<u>,</u>
		Nin	a Investment UC	
		1677	SE 26th count	
		Homes	Name of Person  Name of Person  Truestment (CO Firm/Company  SE 26th Court  Address  Eal, FL 33035  City/State and Zip Code	3
			be used for future annual report notificati	
For fur	ther information con-	cerning this matter, please ca	all:	
	Olivres O Name of P	300ntes	at ( <u>786)</u> 389-20 Area Code & Daytime Te	087 Slephone Number
Enclose	ed 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 OF

<u> </u>		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our re da Limited Liability Company)	<u>cords.</u> )
The Articles of Organization for this Limited Liability Florida document number <u>しいろののらん</u>		2013 and assigned
This amendment is submitted to amend the following  A. If amending name, enter the new name of the li		FILET 13 SEP 11 P SECRETARY OF TALLAHASSEE.
The new name must be distinguishable and end with the value. "L.L.C."	words "Limited Liability Company," the des	signation "LIFE" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Futer Florida	street address
	Lines Frontida	פנו ללו מממו בפפ
	, F	Florida Zip Code

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member			
Title	<u>Name</u>	Address	Type of Action
Mann	ER Colino, Philippe	2932 SE 2Mdr Ste 13 Homestead, FL 3303	Add
		Homestead, FL 3303	3 Remove
			— Add
			Remove
			_
			Add
		TALL	Remove
		LAHASSE	SEP TO
		•	PR Remove
			— Add
			Add
			Add
			_ Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Remove philippe ercolno- (Marin) doon
_	UC
:	
•	
Dated	September 10th, 2013.
	Signature of a member or authorized representative of a member
	Micolan Taillefesse Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

13 SEP 11 PM 1: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA