L1300064636

	Requestor's Name)	
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(Business Entity Name)	
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SECRETARY OF STATE

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FILEO SECRETARY OF STATE DIVISION OF CORPORATION

JUL 0 2 2015

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June 17, 2015

ALEX RODRIGUEZ 1560 SAWGRASS COPORATE PARKWAY #496 SUNRISE, FL 33323

SUBJECT: E3 INVESTMENTS LLC Ref. Number: L13000064636

We have received your document for E3 INVESTMENTS LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 215A00012694

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registratio Division of	n Section Corporations
E3 INV SUBJECT:	ESTMENTS, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	Alex Rodriguez
	Name of Person
	FL Tax Group
	Firm/Company
	1560 Sawgrass Corporate Parkway 4th Floor
	Address
	Sunrise, FL 33323
	City/State and Zip Code
	Alex@FLTaxGroup.com E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
Alex Rodriguez	954 603-3103 at ()
Nan	at () ne of Person Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, 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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)				
The Articles of Organization for this Limited Lia Florida document number L13000064636	bility Company were filed on 06/22/2015 and assigned				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:					
• • • • • • • • • • • • • • • • • • • •	OX)				
• • • • • • • • • • • • • • • • • • • •	OX)				
Mailing address MAY BE A POST OFFICE Be	r registered office address on our records, enter the name of the				
Mailing address MAY BE A POST OFFICE Be	r registered office address on our records, enter the name of the				
Mailing address MAY BE A POST OFFICE Be 3. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>enter the name of the ce address here</u> :				
registered agent and/or the new registered office Name of New Registered Agent:	r registered office address on our records, enter the name of the				

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 Agen

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	Craig Martinez	3201 Nw 126th Terr	
		Sunrise, FL 33323	Remove
			Change
P	Laura C. Blanco	3201 Nw 126th Terr	⊒ Add
		Sunrise, FL 33323	□ Remove
			Change
		-	□ Add
			☐ Remove
		-	☐ Change
			□ Add
			□ Remove
		A	Change
			SECRETARY OF STATE OF
			OST ORTHONIC STATE
			☐ Change

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	ther than the date of	fic and cannot be prior to date of not meet the applicable sta	of filing or more than 90 date	_ (optional) ays after filing.) Pursual nts, this date will not	nt to 605.0207
fan effective date is lis Note: If the date ins document's effective ne record specifie	erted in this block does date on the Departmer	ive date, but not an e	ffective time, at 12	2:01 a.m. on the	e earlier of:
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If an effective date is lis Note: If the date ins document's effective ne record specific The 90th day a	erted in this block does date on the Departmentes a delayed effect fter the record is f	ive date, but not an e		SECHETA	e earlier of: SECRETARY OF COR 15 11 -2 A

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Filing Fee: \$25.00