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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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JUL 2 6 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 1200 NE INVESTMENT 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:
KETTELENE SAINTIL Name of Person
1200 NE INVESTMENT LLC Firm/Company
14115 NW 5+h PLACE
MIAMIFL 33168 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KETTELENE SAIN-TIL at (786) 306 6852  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

1200 NE INVESTMENT LLC

(Name of the Limited Lia (A Fle	ability Company as it now apported Limited Liability Company	ears on our records.)	····
The Articles of Organization for this Limited Liability Florida document number		MAY 28, 201	3 and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company	here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," th	e designation "LLC" or the abt	oreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET AL	ODRESS)		<u> </u>
Enter new mailing address, if applicable:			25 8
(Mailing address MAY BE A POST OFFICE BOX	2		7. P.
B. If amending the registered agent and/or registered agent and/or the new registered office a		on our records, enter	the name of the new
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter I	Florida street address	<del>.</del>
		. Florida	
	City	, Fiorida	Zip Code
New Registered Agent's Signature, if changing Register	tered 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = \mathbf{A}$	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	KETTELENE SAINTIL	14115 NW 5th PLACE North Miami FL 33168	□ Add
		North Miami FL 33/68	
			Change
A <u>MBR</u>	Guirlene Content	14115 NW 5th PLACE	Add
		North Miami FL33160	Remove
			Change
			Add
		ALUMPIN CONTRACTOR OF THE STATE	□ Remove?
			Change
<del></del>			🗆 Add
			Remove
			Change
<del></del>			□ Add
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Effective date, if other than the date of filing:	(optional)	22 CH
(If an effective date is listed, the date must be specific and cannot be prior to date of filing o Note: If the date inserted in this block does not meet the applicable statutory findocument's effective date on the Department of State's records.	r more than 90 days after filing.) Pursua	
the record specifies a delayed effective date, but not an effective the property of the proper	e time, at 12:01 a.m. on the	earlier of:
Dated JULY 22 , 2016.		
- Jaise II		
Signature of a member or authorized representat		<del></del>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00