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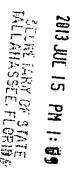
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Secure Choice Investments 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:

Ramon Perez

Name of Person

PB&A Professional Services Inc

Firm/Company

6191 Orange Drive Suite 6167

Address

Davie FL 33314

City/State and Zip Code

accounting@webpba.com

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

For further information concerning this matter, please call:

Yohan Sanchez

Name of Person

305,986 5453

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 OF

Secure Choice Investment					
(Name of the Limited	Liability Company as it no Florida Limited Liability Co	ow appears on our records.)			
(**	'	,p,)			
The Articles of Organization for this Limited L	iability Company were file	_{d on} <u>05/31/2013</u>	_ and assigned		
Florida document number L1300008871	, 				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liability com	nany here:			
<u> </u>	the initial month, cont	party north			
The new name must be distinguishable and end wit	th the words "Limited Liabili	ty Company " the designation "Lt:	G" or the abbreviation		
"L.L.C."	ar the feet up billings blush	in designation Exp			
Enter new principal offices address, if applic	able:	<u> </u>	in a se		
(Principal office address MUST BE A STREE		vi vi) The second sec		
Triscipal office dualess MOST BETT STREE	27100KC35)	1 (cm)			
		1-1			
Entar new mailing address if applicables	•	9			
Enter new mailing address, if applicable:	7.037	70	177		
(Mailing address MAY BE A POST OFFICE	<u> </u>				
B. If amending the registered agent and/	or registered office addr	ress on our records, enter the	name of the nev		
registered agent and/or the new registered of	fice address here:	on our records, enter the	nume of the nev		
	•				
Name of New Registered Agent:	PB&A Professional	Services Inc			
New Registered Office Address:	6191 Orange Drive	Suite 6167			
•	Enter Florida street address				
	Davie	, Florida <u>333</u>	14		
	City	,	Zip Code		
Nam Danistanud 442 - Ci4 16 - 1 - 1					

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, [Rereby 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 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

<u>Title</u>	<u>Name</u>	A	<u>Address</u>	<u>T</u>	ype of Action
Mgr	Yohan Sanchez		15500 SW 272nd St		✓ Add
			Homestead FL 33032		Remove
		_			
				TWI See	Add Remove
		_		-AHAS	
		_	 	SEE FLORID	Add (
				3 m	Remove
		_			Add
		-		<u></u>	Remove
			•		
		-	,		Add
		-		<u></u>	Remove
					Add
		-	,		Remove
					•

If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary	y.)
uted July 08	, 2013	
	Signature of a member of authorized representative of a member Typed or printed name of signee	
	Dr 2 - 82	

Page 3 of 3

Filing Fee: \$25.00