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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 916 NVESTMENTS 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:
JOSE L. ALDOKARAN, CPA Name of Person
LAZAAR ASSOCIATES LLC Firm/Company
1338 HATCHER LOVE DRIVE
BRANDON FL 335// City/State and Zip Code
1/ Alorkaran 1@ veluig on . net E-mail address: (to be used for future annual report notification)
<i>\(\)</i>
For further information concerning this matter, please call:
TOSE L. ALDOKARAN at (813) 571-3358 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status 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

CHK # 1763 Dated 20MAY 2014 for \$30-00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

916 INVESTMENTS	
(Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appears on our records.</u>) ability Company)
The Articles of Organization for this Limited Liability Company value of the number 130001872. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability.	
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1488 E SEMORAN BLVD
(Principal office address MUST BE A STREET ADDRESS)	APOPKA, FL-32703
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent: VARGHE	SE M THOMAS
New Registered Office Address: 1488 1	Enter Florida street address
APOP	KA, Florida 32.703
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

Page 1 of 3

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

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	CYRIAC, FEBIN	4336 BRANDON RIDGE DR	
		4336 BRANDON RIDGE DR VALRICO, FL 33594	Remove
			Remove
		-	
			□ Remove □ Add
		<u> </u>	Remove
		!	Remove
•		AUA	LJ Add
		**************************************	C Remove

, If amending any other information, enter change(s) here: (Attach ada	litional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be prior to date of the date of the date of the date and cannot be prior to date of the date of th	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	not be more than 90 days after
Dated <u>2074 MAY</u> , <u>2014</u> .	
Signature of a member or authorized representa	
VARGHESE M THOMAS Typed or printed name of signe	tive of a member
VARCHECE M THOMAC	live of a member

Page 3 of 3

Filing Fee: \$25.00

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