

L13000142522

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FL 32304
U.S. DEPARTMENT OF REVENUE
INTERNAL SECURITY

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **CIERRA INVESTMENTS L.L.C.**

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:

BIFF GODFREY, ESQ.

Name of Person

GODFREY LEGAL

Firm/Company

2601 TECHNOLOGY DR.

Address

ORLANDO, FL 32804

City/State and Zip Code

BIFF@GODFREYLEGAL.COM

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

For further information concerning this matter, please call:

BIFF GODFREY, ESQ.

Name of Person

407 701-7530

at ()

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**

CIERRA INVESTMENTS L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 8, 2013 and assigned
Florida document number L13000142522.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7380 SAND LAKE ROAD

SUITE 500

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

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 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:

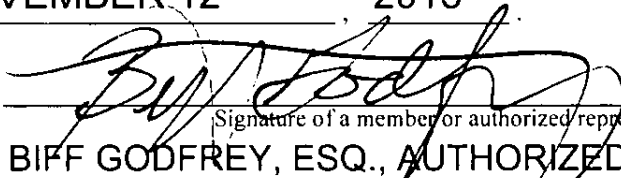
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SOUKERAS ANTONIOS	10100 INTERNATIONAL DR.	<input type="checkbox"/> Add
		ORLANDO, FL 32321	<input checked="" type="checkbox"/> Remove
MGRM	ANTONIOS SOUKERAS	7380 SAND LAKE ROAD	<input checked="" type="checkbox"/> Add
		SUITE 500	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 12-07-13 BY 60322
10/13/13

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated NOVEMBER 12, 2013



Signature of a member or authorized representative of a member

BIFF GODFREY, ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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Filing Fee: \$25.00

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13 NOV 13 AM 10:14
CLERK OF DISTRICT COURT
FALLS CHURCH, VIRGINIA