

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

From:

Account Name : SHMON & SIMON P.A.

Account Number : 072720000232 Phone

: (305)670-6750

Fax Number

: (805)670~6776

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LISA E INVESTMENTS. LLC

Estimated Charge	\$25.00
Page Count	04
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K. SALY EXAMINER

12/18/2013 4:07 PM

	•	COVER LETTER	
TO: Registration S Division of Co			H13000277895 3
SUBJECT:	LISA E IN Name of Limit	vestrients LLC	· · · · · · · · · · · · · · · · · · ·
,		!	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	·
Please return all corresp	ondence concerning this matter	to the following:	
	GaryPS	Name of Person	
	Simon		
	9500 So [redeland Blud # >	108
	Miani	FL 33156	
	Lesser	City/State and Zip Code MAN (1) AO (1 C 0 YM) to be used for future arrival report notificat	ion)
For further information	concerning this matter, please c	all:	
Gary PS	mon	mc105, 670-6	e'750
Name	of Person	Arcs Code & Daytime To	elephone Number
Enclosed is a check for t	the following amount:	:	 .26:
\$25,00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Cettified Copy (additional copy is enclosed)	☐\$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Cliffon Building
2661 Executive Conter Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

C	F	**************************************	SSEE, FLORIE
Lisa E Invest	ments L	.VC	CURIDA
(Name of the Limited Liability Comme (A Florida Limited	ny as it now appears Lisbility Company)	on our records.)	
and the state of t		131/2013	
The Articles of Organization for this Limited Liability Company	were filed on _10	1311 2012	_ and assigned
Florida document number 1 1 300015 3738		, ,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	ulity company here:		
The new name must be distinguishable and end with the words "Lin" "L.L.C."	ited Liability Company	y," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			CONTRACTOR OF THE PROPERTY AND THE PROPERTY AND
			men more v News Attheway committee of birthing her more
Enter new mailing address, if applicable:	The state of the s		in den i industria e stationi i dell'industria per a propriere dell'industria dell'industria
(Malling address MAY BE A POST OFFICE BOX)		a comment of the second of the	and contain to the telephone or promote the second
	· · · · · · · · · · · · · · · · · · ·		
	 -		
B. If amending the registered agent and/or registered a registered agent and/or the new registered office address he		r records, enter the	name of the new
ADERITED AREIN BRIDGE THE HEW ALERSTON WILLOW WILLIAM INC.	<u> </u>		·
Name of New Registered Agent:		•	••
			
New Registered Office Address:	- Freshor	r Florida street addres.	*
	25111.61	· a .vi ·uci sii eef uudi es.	•
. And the state of	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent		•	sip vous
TANDAMENT OF THE PROPERTY OF T	<u> </u>		

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

Page It of 3

MGR - Manager

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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:

MGRM = Managing Member			
Title	<u>Name</u>	Address	Type of Action
MGR	Lisa Esserman	5 871 SW 91 St.	🔀 Add
		Pinecrest, FL 33156	Remove
			Add
 			Remove
			Rantove
			
			L Add
			Remove
			MANAGE MA
			Add
		:	Remove
			.
		!	_ Add
			Remove
			Add
			Remove
			harvard
•			

D. Itan	nending any other information, enter change(s) here	(Attach additional sheets, if necessary:.)
		H1300D277895 3
	FET # 46-40114	164
Dated _	December 18, 2013	
	Signature of a member or authori	zed representative of a member
	Gany PSi Mon Typed or printed	name of kignee
	Page	of3

Filing Feb: \$25.00