*13000/69865

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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K.SALY EXAMINER JAN - 9, 2014

COVER LETTER

TO:	Registration So Division of Co				
CHDH	FCT.	IVEGAS IN	IVESTMENTS, LLC		
SUBJI	EC1:	Name of Limit	Name of Limited Liability Company		
The en	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	•	
Please	return all correspo	ondence concerning this matter	to the following:		
			RUBEN VILLEGAS		
			Name of Person		
	IVEGAS INVESTMENTS, LLC				
			Firm/Company		
		ç	9122 C SW 19TH COURT		
			Address	 	
			DAVIE, FL 33324		
			City/State and Zip Code		
			dm@itasolutions.co		
		·	o be used for future annual report notific	ation)	
For fu	rther information of	concerning this matter, please ca	all:		
	-	JBÉN VILLEGAS	at (`)	14-2263	
	Name o	of Person	Area Code & Daytime	Telephone Number	
Enclos	sed is a check for t	he following amount:			
\$2:	5.00 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



IVEGAS INVESTMENTS, LLC

(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 C	Company were filed on	DECEMBER 9, 2013	and assigned
Florida document number L13000169865			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	ere:	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Com	pany," the designation "Ll	.C" or the abbreviatio
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis	stered office address on	our records, enter th	e name of the ne
registered agent and/or the new registered office add	lress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	C1***	, Florida	Zin Cod
	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>	Name	<u>Address</u>	Type of Action
MGRM	VILLEGAS BOTERO, CARLOS A	10029 COSTA DEL SOL BLVD	Add
		DORAL, FL 33178	✓ Remove
MGRM	VILLEGAS BOTERO, JORGE E	CALLE 94 # 61 A 39 APT 301	Add
		BOGOTA, 00000 CO	✓ Remove
MGRM	VILLEGAS BOTERO, CESAR	CALLE 115 # 48-80 APT 208	Add
		BOGOTA, 00000 CO	
MGRM	VILLEGAS BOTERO, GERMAN	CRR 65 # 79-80	Add
		BOGOTA, 00000 CO	✓ Remove
			Add
			Remove
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	DECEMBER 12 2013
	Tutur Yilleyag
	Signature of a member or authorized representative of a member
	RUBEN VILLEGAS
	Typed or printed name of signee

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Filing Fee: \$25.00