14000004352

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2014 JAN 17 PH 1: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 2 2 2013

T. HAMPTON

COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT: Tortor	ice Investmer	nts LLC			
30b)EC1.		ited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are subi	mitted for filing.			
Please return all correspond	dence concerning this matter t	to the following:			
	Paul Tortorio	ce			
		Name of Person			
Tortorice Investments LLC					
		Firm/Company			
	3105 GLEN\	WOOD PL			
		Address			
	The Villages	s, FL 32162			
		City/State and Zip Code			
	E-mail address: (t	to be used for future annual report notific	cation)		
For further information con	cerning this matter, please ca	all:			
Paul Tortorice		_{at} 352 391-59	994		
Name of P	erson		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

	SE INVESTIMENTS LLC	
(Name of the Limited I	iability Company as it now appears on our records lorida Limited Liability Company)	<u>.</u>
The Articles of Organization for this Limited Liabi Torida document number L1400004352	lity Company were filed on 01/08/14	and assigned
his amendment is submitted to amend the followi	ng:	TALLAHASS
If amending name, enter the new name of th	e limited liability company here:	AASSEE P
he new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable	e:	ORIUM 6
<u>Principal office address MUST BE A STREET A</u>	(DDRESS)	and the second
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u></u>	
s. If amending the registered agent and/or egistered agent and/or the new registered office		, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enier rioriaa street address	
	, Flo	rida
-	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 605, 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 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 = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action Paul Tortorice** 3105 GLENWOOD PL MGR □ Add The Villages FL 32162 **■** Remove **Paul Tortorice** 3105 GLENWOOD PL **MGRM** ■ Add The Villages FL 32162 □ Remove ☐ Add □ Remove ☐ Remove ☐ Add ☐ Remove

D.	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
E.	Effective date, if other than the date of filing:			
	Dated 01/13/2014			
	Paul Tortouce			
	Signature of a member or authorized representative of a member			
	PAUL TORTORICE			
	Typed or printed name of signee			

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Filing Fee: \$25.00