440000 17615

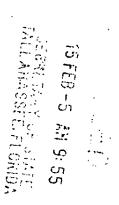
(Requ	uestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Addr	ress)	
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(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to Fi	iling Officer:	

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COVER LETTER

	gistration Secti		***	
SUBJECT:	FOUR4-U	INVESTMENTS LLC		
SUBJECT:		Name of Limited Liability Company		
The enclosed	d Articles of Ar	nendment and fee(s) are submi	tted for filing.	
Please return	all correspond	ence concerning this matter to	the following:	
		ABEL CRUZ JR		
			Name of Person	
		FOUR4-U INVESTME	NTS LLC	
			Firm/Company	
		3922 DERBY GLEN D	PR	
			Address	- 1/18 1/18 1/19 1/19 1/19 1/19 1/19 1/19
		CLERMONT, FL 3471	1	
			City/State and Zip Code	
		cruzcontrol04@aol.con	N be used for future annual repor	
			·	t notification)
For further i	niormation con	cerning this matter, please call:	:	
ABEL CF	RUZ JR		917 405-3	792
	Name of P	erson		aytime Telephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 1 \$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

FOUR4-U 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 L Florida document number L14000017615	.iability Company w	rere filed on 01/31/2014	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabili	ty company here:	
The new name must be distinguishable and end with the	words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	3922 DERBY GLEN DR	
(Principal office address MUST BE A STREE	ET ADDRESS)	CLERMONT, FL 34711	
Enter new mailing address, if applicable:		3922 DERBY GLEN DR	
(Mailing address MAY BE A POST OFFICE	BOX)	CLERMONT, FL 34711	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			iter the name of the new
	3922 DERBY	GLEN DR	Med B
New Registered Office Address:		Enter Florida street address	<u> </u>
	CLERMONT	, Florida	, 3 4 211 55
		City	🧎 Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete p istered agent as pr registered office a change.	erformance of my duties, and I c ovided for in Chapter 605, F.S.	am familiar with and Or, if this document is e limited liability

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RICARDO GARZON	1043 GLENRAVEN LN	
		CLERMONT, FL 34711	Remove
MGR JUAN C JA	JUAN C JARAMILLO	4332 FAWN MEADOWS CIR.	
		CLERMONT, FL 34711	Remove
MGR JUAN D ANGEL	603 SETTING SUN DR	□ Add	
	WINTER GARDEN, FL	Remove	
			Remove
			Security Semove
			<u></u>
***************************************			□ Add

). If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
	·
. Effect	tive date, if other than the date of filing: (optional)
(The eff	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
Dated	1 01-29-2015 11
	Signature of a member or authorized representative of a member
	Micordo H Gardons
	Typed or printed name of signet

Page 3 of 3

Filing Fee: \$25.00

15 FEB -5 AM 9:55