

Division of Corporation

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RC TAX SERVICE LLC
Account Number : 120140000083
Phone : (407) 932-0040
Fax Number : (407) 520-5473

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

Email Address: SECUREDINVESTMENT1@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SECURED FINANCING AND INVESTMENT LLC**

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

FAX

Date: 11/18/15

Page 1 of 7

TO:

Name: SUNBIZ.ORG

Fax Number: 850-617-6383

FROM:

Name: Secured Financing and Investment LLC

Contact Number: FAX 407-520-5473

Subject: DOCUMENT# L14000022049

☐ Urgent

☒ Please Reply

Message:

PLEASE PROCESS THIS AMENDMENT WITH DATE 11/17/15, THANK YOU

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SECURED FINANCING AND INVESTMENT LLC
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:

BELINDA NUNEZ

Name of Person

SECURED FINANCING AND INVESTMENT LLC

Firm/Company

1970 E OSCEOLA PARKWAY STE 141

Address

KISSIMMEE, FL 34743

City/State and Zip Code

securedinvestmcn1@gmail.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BELINDA NUNEZ

321

402-6581

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

W150002720333

SECURED FINANCING AND INVESTMENT 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 Company were filed on 02/10/2014 and assigned
Florida document number L14000022049.

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 contain 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**)

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:

BELINDA NUNEZ

New Registered Office Address:

135 IGUALA DR

Enter Florida street address

KISSIMMEE

Florida 34743

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H150002720333

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEPHANIE CARRAZANA	4905 CASA VISTA DR	<input type="checkbox"/> Add
		ORLANDO, FL 32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RUBEN D. RAMOS	2583 AVENTURINE ST.	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	EMILY FLORES	1426 JULIP DR.	<input type="checkbox"/> Add
		ORLANDO, FL 32825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BELINDA NUNEZ	135 IGUALA DR.	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	APRIL TRIMBLE	5208 Lake Margaret Dr. Apt 1304	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32812	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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605.0202(3)(b)
not be listed as the

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Ruben O. Lopez

Signature of a member or authorized representative of a member

RUBEN D RAMOS

Typed or printed name of signee