L14000030091

(Requestor's Name)		
(Ac	idress)	
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(Ci	ty/State/Zip/Phone #	(f)
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☐ PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	9)
•	•	•
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	





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BILAPR 21 AMII: 26 SECRETARY OF STATE.

APR 2 3 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: 3040 Investments,	LLC			
SUBJECT:	mited Liability Company			
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
Oscar Delga	ado			
	Name of Person			
Delgado & l		PA		
Firm/Company				
14160 NW 77 Ct, #33				
	Address	_		
Miami Lake	s, Fl. 3301	6		
ojdlaw@gmail.co	City/State and Zip Co	ode		
	(to be used for future and	nual report notification)		
For further information concerning this matter, please	call:			
Oscar Delgado	, 786 _x	363-4200		
Name of Person	Area Code	Daytime Telephone Number		
Enclosed is a check for the following amount:				
■ \$25.00 Filing Fee ■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy i	y Certificate of Status &		
MAILING ADDRESS:		EET/COURIER ADDRESS:		
Registration Section Division of Corporations	Divis	stration Section sion of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	2661	on Building Executive Center Circle shassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3040 Investments, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records. da Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L14000030091	Company were filed on 2/21/2014	and assigned
This amendment is submitted to amend the following:		PIL 2014 APR 21 SECRETAR TALLAHAS
A. If amending name, enter the new name of the lin	nited liability company here:	Sha
N/A		ma z
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC	" or the abbreviationL.C.
Enter new principal offices address, if applicable:	N/A	26 RIDA
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address:	<u>idress here</u> :	
	, Flo	rida 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Anayansi Montoya	15343 SW 23 Lane	Add
		Miami, Fl.	□ Remove
			Add
			□ Remove
			□ Add
			Remove SECRE
			Remove SECRETARY OF SUPE
			Remove
			□ Remove
			□ Add
			☐ Remove

D. If amending any other information, enter change(s) here: (Attach adi	ditional sheets, if necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and car the date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
Dated March 3rd 2014	
* Malin	
Signature of a rember or authorized represent	rative of a member
Typed or printed name of sign	ice

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Filing Fee: \$25.00

FILED
2014 APR 21 AM 11: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA