# L14000030381

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SECRETARY OF STATE

Tours SEP, 1 2 2014

## **COVER LETTER**

Division of Corporations
SUBJECT: 16/1 INVESTMENT Group 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:
SIDNEY FEIGUSON Name of Person
16/1 INVESTMENT Group LLC Firm/Company
11820 Miranar Parkway Suite 115
Miramar, Y-la 33027  City/State and Zip Code  Ferg 4Life p Hotmail. (on  E-mail) address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SIDINEY FERGUSON at (786) U86-853/ Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$

### 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

1611 INVESTINENT (Name of the Limited Liability Comp	Group 2/C	
(x total bitter bitter bitter)	Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on $2-2/-/$	4 and assigned
Florida document number <u>L/400030381</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		,
		TAL SE
Enter new mailing address, if applicable:		S S S
(Mailing address MAY BE A POST OFFICE BOX)		ASS I MADELLE
		SEY ON THE
		F S
B. If amending the registered agent and/or registered of		nter the name of the nev
registered agent and/or the new registered office address her	re:	DM GN A
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City <sup>,</sup>	Zip Code
NT TheT-4		

#### 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 = M $AMBR = A$	anager uthorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Justin Fuhrmann	9655 F BAY HARbOR	Add
		Drive Apt 7N	Remove
		9655 F BAY HARbor Drive Apt 7N Bay Harbor Isles, f/ 33	154
		·	Add
			Remove
		TALL A	Add
		ASSET.	
		ALLAHASSEE, FLORIDA	Add DAdd
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ffective date, if other than the date of filing:  ne effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State)	_ (optional) 90 days after
ated 9-4-14 SEptember, 2014.	
Side January	
Signature of a member or authorized representative of a member	<u> </u>
SIDNEY FERONSON Typed or printed name of signee	

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Filing Fee: \$25.00

14 SEP -8 PM 4: 4.5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA