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07/14/14--01027--007 \*\*60.00

EFFECTIVE DATE

FILED

14 JUL 14 PH 1:45

'JUL 1 6 2014

T. BROWN

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: New Eca Persperty Investments 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:
ROSEMARY COLTES Name of Person
HEW EEA PROPERTY TOVESTMENTS LLC Firm/Company
S300 WEST FLAGLER STREET # 121.328
HIANI FLORIDA 33144 City/State and Zip Code
BC1FITNUT @ AOL, COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Posety are Cole Daytime Telephone Number  Ranne of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Certificate of Status \$\Bigcup \\$55.00 Filing Fee \& \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \]

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**

	10		_
ARTIC	LES OF OF	RGANIZATION	1, 1/1
	OF		" JU " EN
			TAISCO 14
NEW ERA PROP	mm Inul	STUDITS IIC.	TATEL PH 1:45
(Name of the Limited	Liability Company	as it now appears on our records	J 75 7 6 14 1
(A	Florida Limited Lia	bility Company)	C. Al SATE
The Articles of Organization for this Limited Liab		ere filed on Faswary	24,2014 and assigned
Florida document number <u>L14000030690</u>	<u> </u>		
This amendment is submitted to amend the follow	ing:		EFFECTIVE DATE
A. If amending name, enter the new name of the	<u>ie limited liabili</u>	ty company here:	13-14
The new name must be distinguishable and end with the wor	rds "Limited Liabili	ty Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	la.		
• • • • • • • • • • • • • • • • • • • •	•		
Principal office address MUST BE A STREET	<u>4DDRESS)</u>	·	
		1	
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		
B. If amending the registered agent and/or			, enter the name of the new
registered agent and/or the new registered offic	<u>e address here:</u>		
		$\Omega$	
Name of New Registered Agent:	KOSEMA	ey CORTES	
	/ (22.00 . )	FLAGUER ST =	4 17 1 220
New Registered Office Address:	8300 W	Enter Florida street address	- 121 528
	HIALI	, Flo	orida 33144
		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

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	BOSEMARY COLTES	8300 W. FLAGUERST 121-328 HIANI FLORIDA 33144	<b>D</b> Add
			□ Remove
<u>MbR</u>	YWANNY PODEIGNIZ	8300 W FLAGRAL ST 121-328 HIANI FE 33144	Add  Remove
AR	YOURNHY ROORIGUES	8300 W. FLADUAST 121328 MIANI FLORIDA 33144	Add Add
<u>AR</u>	ROSENPANY CORTES	8300 W. FLAGLERST 1213 H19211 FLORIDA 33144	Add  Remove
			□ Add
			□ Add
			Remove

,			
ffective date must be spe-	han the date of filing: eific, cannot be prior to date by the Florida Department of	7/15/2014 of receipt or filed date and can of State)	_ (optional) not be more than 90 days after
Tour 2	· · · · · · · · · · · · · · · · · · ·	204	
DULY C_		<del></del>	

Page 3 of 3

Filing Fee: \$25.00