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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

TECHNOLINE

## **COVER LETTER**

Division of Corporations	<b>;</b>		
	Joseph Re Name of Limited	al Estate. Inv	restments, LLC
The enclosed Articles of Amendmo	ent and fee(s) are submit	ated for filing.	
Please return all correspondence co	oncerning this matter to	the following:	
	ILFan+	Name of Person	
		Firm/Company	
	1804 B	rust Ave Address	
	Tampa  Ifaut.  E-mail address: (to)	FL 33612 City/State and Zip Code  Josepha Sdh. Kla. for used for future annual report notifical	1). U_S
For further information concerning			
ILFaut J. Name of Person	oseph_	at ( <u>8/3</u> ) <u>384 - 9</u> Area Code Daytime To	721 Hephone Number
Enclosed is a check for the following	ng amount:		
,	0.00 Filing Fee & ertificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

**Registration Section** 

TO:

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

H.I. Joseph Real Estate 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 Liab	ility Company were filed on	2014	and assigned
Florida document number <u>L14000</u>	<u>351</u> 85		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	ne limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the de-	signation "LLC" or the ah	obreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
			<del> </del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BC	<u> </u>		
		<u></u>	<del>-</del>
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter	the name of the ne
		r r 2	19 J
Name of New Registered Agent:			<del>₹ <b>₹ 7</b>1</del>
New Registered Office Address:			<b>a</b> F
	Enter Flori	da street address 🦪 🥫	% <b>≥</b> m :
		, Florida 🤦	
	City	AON AON	Ziprode
New Registered Agent's Signature, if changing Reg	gistered Agent:	7,0 -	
I hereby accept the appointment as registered in	agent and agree to act in this c	apacity. I further ag	ree to comply with th

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 addor removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ILFAUT Joseph	1804 Brust AVR Tampa FL 33612	🗖 Add
			□ Remove
			☐ Change
AMBR	IlFaut Joseph	1804 Brust AVR Tampa, FL 33612	<u> </u>
			Remove
			Change
			Add
		>	Remove
			Charge Charge
		# 2 P	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

The 1 Lc has me as the	CEO Instead
of manager and Authorized not Know , f there was a d	ifference Tam
regresting to be added as the	January and a d
Member Manks	
	>> <b>19</b>
	AHA
	SET CO L
	FLC FLC
	RRIAN S
	<u> </u>
ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or If the date inserted in this block does not meet the applicable statutory file.	r more than 90 days after filing.) Pursuant to 60
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earli
ne 90th day after the record is filed.	
d_ June 6 . 2019.	
d_ June 6 2019.	
Signature of a member of authorized representat	ive of a member
TLFaut Jose Typed or printed name of signed	
$\mathcal{T}_{\mathcal{T}}}}}}}}}}$	2/4

Page 3 of 3

Filing Fee: \$25.00