L14000035481

| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
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SECKETARY OF STATE

AUG OG 2014 J. HARRIS

COVER LETTER

TO: **Registration Section Division of Corporations**

MADERO 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:

| Kent M. Perroux Name of Person | | |
|--|--|--|
| | | |
| Firm/Company | | |
| 4501 Gilpin Way | | |
| Address | | |
| Orlando, Florida 32812 | | |
| City/State and Zip Code | | |
| perrouxkm@yahoo.com | | |
| E-mail address: (to be used for future annual report notification) | | |

For further information concerning this matter, please call:

Kent M. Perroux

 $at \, (\underbrace{407}_{Area \, Code}) \, \underbrace{497\text{-}8927}_{Daytime \, Telephone \, Number}$

Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■ \$30.00 Filing Fee & Certificate 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 **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



July 16, 2014

KENT M PERROUX 735 N THORNTON AVE. ORLANDO, FL 32803

SUBJECT: MADERO INVESTMENTS, LLC

Ref. Number: L14000035481

We have received your document for MADERO INVESTMENTS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 614A00015299

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Madero Investments, LLC | | |
|--|--|-----------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L14000035481 | y were filed on March 3, 2014 | and assigned |
| 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" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 735 N. Thornton Ave. | |
| (Principal office address MUST BE A STREET ADDRESS) | Orlando, Florida 32803 | F Neg |
| | | NUG - 6 |
| Enter new mailing address, if applicable: | 735 N. Thornton Ave | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | Orlando, Florida 32803 | 3: 29 |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. | | the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida | 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 Type of Action Address **Title** Name 4352 South Kirkman Rd Unit 1218 Patricia Curcovezki MGR Orlando, Florida 32812 Elvira F Cruz 4501 Gilpin Way MGR Orlando, Florida 32811 Elvira F Cruz 4501 Gilpin Way MMBR **■** Add Orlando, Florida 32812 ☐ Add _□ Add ☐ Remove

| D. | If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----|---------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| E. | (The ef | tive date, if other than the date of filing: |
| | Dated | June 20 2014 |
| | | Signature of a member of authorized representative of a member |
| | | Kent M. Perroux |
| | | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

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