

LCY 000041281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE OF FLORIDA  
TALLAHASSEE

J. Shivers FEB 17 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TRANSCONTINENTAL 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:

**BERNANRD MAMBO**

Name of Person

**TRANSCONTINENTAL INVESTMENT GROUP LLC.**

Firm/Company

**200 SOUTH BISCAYNE BLVD. SUITE 2790**

Address

**MIAMI FL 33131**

City/State and Zip Code

**AXELBERNARD5814@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DAVID O'KELLY**

at ( **772** ) **529 9008**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**TRANSCONTINENTAL INVESTMENT GROUP 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 Liability Company were filed on 03/12/2014 and assigned  
Florida document number L14000041681.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

200 SOUTH BISCAYNE BLVD. SUITE 2790

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL. 33131

Enter new mailing address, if applicable:

200 SOUTH BISCAYNE BLVD. SUITE 2790

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL. 33131

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

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

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>	<u>Type of Action</u>
MGR	ERNEST COOPER	174 NW, 79 STREET	<input type="checkbox"/> Add
		MIAMI FL. 33150	<input checked="" type="checkbox"/> Remove
MGR	SUZANNE A. DIE OHIN	200 SOUTH BISCAYNE BLVD. # 2790	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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REGISTRY OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE SECRETARY

CHANGE CORPORATE ADDRESS

NOMINATION OF AUTHORIZED SIGNATOR

CHANGE VMGR

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MIAMI, FEBRUARY 5TH, 2015

David O'Kelly  
Signature of a member or authorized representative of a member

DAVID O'KELLY, Secretary

Typed or printed name of signee



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Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA