

L14 0000 56572

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000088825 3)))



H140000888253ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DAVID TORCHIN, C.P.A., P.A.
Account Number : 119990000007
Phone : (954) 472-3124
Fax Number : (954) 323-6301

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2014 APR 17 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MMO PROPERTIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

14 APR 17 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 18 2014

T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

H 14 0000 888 25 3

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

MMO Properties, 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 04/07/2014 and assigned
Florida document number L14000056572.

This amendment is submitted to amend the following:

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

Neil Investments, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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

City

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

H 14 0000 888 25 3

H14000088253

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

N/A

2014 APR 17 PM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H14000088253

H 14 0000 888 25 3

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

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 04-14-14, _____.

Joshua Nafataly

Signature of a member or authorized representative of a member

Joshua Nafataly

Typed or printed name of signer

Page 3 of 3

2014 APR 17 PM 8 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 14 0000 888 25 3