

From:

06/08/2018 11:07

#998 P.001/005

6/8/2018

Division of Corporations

L1400057978  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : INDEPENDENT TAX SERVICES PLUS CORP.  
Account Number : I20020000072  
Phone : (305)887-0001  
Fax Number : (305)884-6444

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

Email Address: Xromernn@hotmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
REFORMA 1815 INVESTMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

From:

06/08/2016 11:09

#998 P.002/005

H 180001733473

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REFORMA 1815 INVESTMENT, 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:

Marla C Robles

Name of Person

Firm/Company

7751 NW 174th Terrace

Address

Hialeah, Florida 33015

City/State and Zip Code

Xiomernn@hotmail.com

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

For further information concerning this matter, please call:

Marla C Robles

786

488-0837

Name of Person

Area Code

Daytime Telephone Number

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

From:

06/08/2018 11:09

#998 P.003/005

14180001733473

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

**REFORMA 1815 INVESTMENT, 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 \_\_\_\_\_ and assigned  
Florida document number L14000057978.

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 contain 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)

405 E 41st Street

Suite F-2

Hialeah, Florida 33013

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:

Xiomar A Navarro

New Registered Office Address:

405 E 41st Street Suite F-2

*Enter Florida street address*

Hialeah

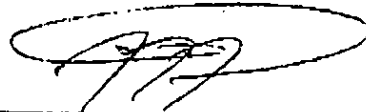
City

Florida 33013

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

From:

06/03/2018 11:10

#998 P.004/005

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Xiomer A Navarro	405 E 41st Street	<input checked="" type="checkbox"/> Add
		Suite F-2	<input type="checkbox"/> Remove
		Hialeah, Florida 33013	<input type="checkbox"/> Change
MGR	Marie C Robles	7751 NW 174th Terrace	<input type="checkbox"/> Add
		Hialeah, Florida 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

#938 P.005/005

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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Filing Fee: \$25.00**