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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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T. MATTHEWS
DEC - 3 2021



October 15, 2021

CYNTHIA DAVIES 8051 N TAMIAMI TRAIL STE E6 SARASOTA, FL 34243

SUBJECT: DECLIC INVEST LLC Ref. Number: L14000066614

We have received your document for DECLIC INVEST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Letter Number: 521A00025123

Tekayla T Matthews OPS

www.sunbiz.org

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## **COVER LETTER**

TO: Registration So Division of Cor			
	NVEST LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cynthia Davies		
		Name of Person	<del> </del>
	CINDY'S FLORIDA LLC		
		Firm/Company	<del> </del>
	8051 N. Tamiami Trail Su	ite E6	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Sarasota FL 34243		
		City/State and Zip Code	
	cindy@cindysfloridallc.com		
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notification)	
Cynthia Davies	one on the state of the state o	727 300-0042	
	f Person	at ()  Area Code Daytime Teleph	yana Numbar
Name	i i cison	Area Code Daytine Tetepi	ione Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address:	
Division of C		Registration Section Division of Corporation	ons
P.O. Box 632	27	The Centre of Tallaha	issee
Tallahassee, I	FL 32314	2415 N. Monroe Stree	et, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION: OF

DECLIC INVESTILLC

21 HSV 19 PH 12: 14

( <u>Name of the Lim</u>	ited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records.)		
The Articles of Organization for this Limited Florida document number <u>L14000066614</u>	Liability Compar	ny were filed on April 24	4, 2014 and assigned		
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lia	ability company here:	•		
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the design	ation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appl	icable:	517 ARTHUR GODFREY			
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	MIAMI BEACH, FL	. 33140		
Inter new mailing address, if applicable:		517 ARTHUR GOD	FREY		
Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>	MIAMI BEACH, FI	. 33140		
B. If amending the registered agent and/or tgent and/or the new registered office addr  Name of New Registered Agent:	registered office ess here: CINDY'S FL		ds, <u>enter the name of the new regist</u> e		
,					
New Registered Office Address:	8051 N. Tami	iami Trail Suite E6  Enter Florida st	reet address		
	Sarasota		24242		
	<del></del>	City	, Florida		

## 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 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 21 KO! 19 Pill2: 14 AMBR = Authorized Member Title Address Type of Action Name MGR 120 Madeira Dr NE STE 220 Albuquerque NM 87108 VT INVESTILLC \_\_\_\_\_ Remove MGR LAHOUARI MOHAMED 517 ARTHUR GODFREY Miami Beach, FL 33140 Remove □ Change AMBR VALERIE MOHAMED 517 ARTHUR GODFREY Miami Beach, FL 33140 Remove Change MGR VALERIE MOHAMED 517 WEST 41 ST #6 Miami Beach, FL 33140 **■**Add ......□Change 

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ote: If the date inserted in the	is block does not meet the a	pplicable statutor	y filing requirement	s, this date will	not be listed as
cument's effective date on t	ne Department of State's rec	ords.			
ecord specifies a delayed eff	ective date, but not an effect	ive time at 12:01	a m on the earlier	of (b) The <b>9</b> 0	th day after the
is filed.				71. (b) The 76	an day after the
October 27	2021				
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