114000074217

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nami	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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S. WARREN 0CT 1 3 2017

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: ONE	PPOKTUALI Name of Limi	tyd Liability Company	zs LLC
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	EMMAN	Name of Person) DNICEPCION .
		Firm/Company	
	, /		
	_1311 WES	T 38 PL.	
	/	Address	
	Himsen	12 33012	
		City/State and Zip Code	
_			
	E-mail address: (to	be used for future annual report notific	ation)
For further information cone	erning this matter, please cal	ll:	
T-MAJAWILEL Name of Pe		PCICAL (305) 299 Area Code Daytime T	O+62 · Feléphone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Fiting Fee [□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTMENTS 4C
ompany as it now appears on our records.) ited Liability Company)
pany were filed on $05/07/2014$ and assigned
liability company here:
Liability Company," the designation "LLC" or the abbreviation "L.L.C."
0
doffice address on our records, <u>enter the name of the new</u> here:

Enter Florida street address
, Florida

Page 1 of 3

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 **Title** <u>Address</u> Type of Action _□ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change _ Add ☐ Remove _□ Change □ Add ☐ Remove hange

☐ Change

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an eff lote: ocum e rec The	Tague avel. Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Tague avel. Signature of a member or authorized representative of a member Jague avel. Jague av	of:

Filing Fee: \$25.00