

L140000-14741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

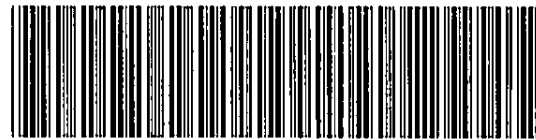
(Business Entity Name)

(Document Number)

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FILED
2017 OCT -6 PM 2:51
FALLS CHURCH, VA

OCT 09 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Halcyon Investment Partners 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:

Ravin Persaud

Name of Person

Halcyon Investment Partners LLC

Firm/Company

7501 Citris Ave 1206

Address

GoldenRod FL 32733

City/State and Zip Code

ravinpersaud@gmail.com

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

For further information concerning this matter, please call:

Ravin Persaud

407

790-6064

at (_____) _____

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

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

Halcyon Investment Partners 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 05/08/2014 and assigned
Florida document number L14000074741.

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:

1719 Sue Ann Street , Orlando FL, 32825

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

PO Box 1206 GoldenRod FL 32733

(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:

Ravin Persaud

New Registered Office Address:

1719 Sue Ann Street

Enter Florida street address

Orlando

City

Florida 32825

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 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	Ramnaresh Persaud	1719 SueAnn Street	<input type="checkbox"/> Add
		Orlando FL 32825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ravin Persaud	1719 Sue Ann Street	<input checked="" type="checkbox"/> Add
		Orlando FL 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 Orlando FL 32825

