

**L14000085615**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

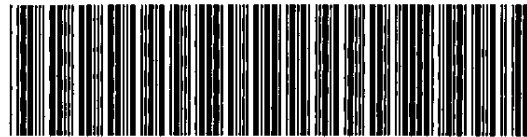
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 APR -7 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

APR 10 2017

03-15-2017  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

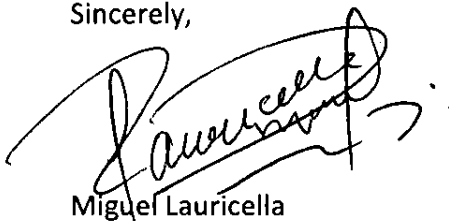
LOT 4 Investment LLC  
Filing number: L14000085615  
6340 NW 99<sup>th</sup> Ave  
Doral FL 33178

To Whom It May Concern:

We are writing regarding the amendment send on 09/23/2016 and filed on 09/28/2016.

We reviewed the information and we made a mistake with the filing of the amendment. As you can verified we made the removal of YVAN MARTINEZ RENGIFO as MGR and add myself MIGUEL LAURICELLA as MGR, but the document was signed by my brother FRANCO LAURICELLA who has nothing to do with the company. We are sending the correct amendment file with the payment but we don't know if the wrong one can be removed from the file since it doesn't have any validity. Many thanks for your attention to this matter.

Sincerely,



Miguel Lauricella

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LOT 4 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:

MIGUEL LAURICELLA

\_\_\_\_\_  
Name of Person

LOT 4 INVESTMENT LLC

\_\_\_\_\_  
Firm/Company

6340 NW 99TH AVE

\_\_\_\_\_  
Address

DORAL FL 33178

\_\_\_\_\_  
City/State and Zip Code

LMIGUEL45@HOTMAIL.COM

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

For further information concerning this matter, please call:

MIGUEL LAURICELLA

786 3182060  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

LOT 4 INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2017 APR -7 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/28/2014 and assigned Florida document number L14000085615.

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) \_\_\_\_\_

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

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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	YVAN MARTINEZ RENGIFO	1110 BRICKELL AVE STE 430	<input type="checkbox"/> Add
		MIAMI FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIGUEL LAURICELLA	2305 LAKE AVE	<input checked="" type="checkbox"/> Add
		MIAMI BEACH FL 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA  
TALLAHASSEE, FL 32304

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COURT

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DEPT. OF POLICE  
PLANTHURST, LONDON


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH, 15 2017

ARCH, 15 2017



Signature of a member or authorized representative of a member

MIGUEL LAURICELLA

MIGUEL LAURICELLA

Typed or printed name of signee