B/17/2019



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To:

Division of Corporations

Fax Number

9543891397

: (850)617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087

Phone Fax Number : (954)389-1333 : (954)389-1397

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

Address:	
	\ddress:

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JUN 18 2019

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COVER LETTER

TO: Registration S Division of Co					
	VESTORS, LLC	·			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendmont and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	CORYDON COOK				
	SALVER & COOK LLP	Name of Person			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	2721 EXECUTIVE PARK	DR STE 4			
	WESTON, FL 33331	Address		2015	
	D.SANTANA@PSCCPAS.			2019 JUH 17	Ξ,
For further information	E-mail address: (concerning this matter, please co	to be used for flittire annual report notific	ation)	7	1-1-
DANIELLA SANTAN	_ ,	954 389-1333)
Name	of Person	Area Code Daytime	Telephone Number]
Enclosed is a check for t	the following amount:				
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status &	
	JING ADDRESS:	STREET/COURIED Registration Section	R ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H190001889053)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now: (A Florida Limited Liability Com	<u>appears on our records.</u>)
The Articles of Organization for this Limited I Florida document number L14000100401		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compa	any 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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:	 ,	<u> </u>
(Mailing address MAY BE A POST OFFICE	<u> </u>	
	. 	Ph C
		는 ယ္
B. If amending the registered agent and registered agent and/or the new registered of		ess on our records, enter the name of the new
Name of New Registered Agent:	SALVER & COOK LLP	
New Registered Office Address:	2721 EXECUTIVE PARK	DR STE 4
	Em	ter Florida street address
	WESTON	, Florida ³³³³¹
	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

(((H19000188905 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>Name</u>	<u>Address</u>	Type of Action
MGR	ROBERT E ALFARO CASOTTI	2721 EXECUTIVE PARK DRIVE, SUITE 4	_ Add
		WESTON, FL 33331	D Add
			Remove
			Change
AP	CORYDON COOK	2721 EXECUTIVE PARK DRIVE, SUITE 4	≅ Add
		WESTON, FL 33331	
			☐ Remove
			Change
		·	20 Rontove
			Change P
			☐ Add — CO
			☐ Change
			☐ Remove
			□ Change
			□ Remove
			□ Change

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lf smeddi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Note: If	date, if other than the date of filing: (optional) ve due is limit, the date must be specific and consorbe point to date of filing or more than 90 days after filing.) Pursuant to 605.03 the date inserted in this black does not meet the applicable statutory frieng requirements, this date will not be listed in effective date on the Department of State's records.	es the	1
the recor	d specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier lith day after the record is filled.	of:	
Dated	TUUE 14, 1919.		
	Signature of a member or authorized oppositionist of a spember		
	ROBERT E ALFARO CASOTTI		
	Typed of printed name of signee		

Page 3 of 3

Flling Fee: \$25.00