L14000 104694

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to I	_	:
RP Mal	w	
,		

Office Use Only



900287424779

07/28/16--01012--012 **30.00

16 JUL 28 PHIZ: 54
SEURETANN OF STATE

J. HORRIS

COVER LETTER

Division of Con			
SUBJECT: AARC	N Elias Investi	WENTSILC	
Sebiler. Friend	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	R.Gonz	alez	 _
		Name of Person	
	GOMO L	LC	
		Firm/Company	
	2000 Cheney Hu	y suite 103-#121	
	O	O Address	
	Titusville FI	. 32780	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	330.00 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

TO ARTICLES OF ORGANIZATION OF

AARAN ELIAS THUESTMENTS 110

(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited L	iability Company were filed on	July 15+ 2014 and assigned	
Florida document number <u>L14000 10416</u>	14	,	
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	he designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	cable:	NIA	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE	<u>BUX)</u>	ACE	 ,
			—,
B. If amending the registered agent and registered agent and/or the new registered o	_	on our records, enter the name of the	new
of the new registered of	THE CHARLES THE CONTRACT OF TH		
Name of New Registered Agent:	GOMO UC	10 Fig. 51	
New Registered Office Address:	2000 Cheney Hu	Swite 103-#121 Florida street address	
	Titusville	Florida 32780	
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ynette M.Mojica		🗆 Add
		21054 Holly Pine Circle ORlands Fl. 328	20 Remove
			Change
MGR	Rawl Gonzalez		Add
		2654 Holly Pine Circle OrlandoF1-32820	Remove
		2000 Cheney Huy suite 103-#121	Change
NGR	GOMOLIC	Titusville F1-32780	Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
		<u></u>	Add
		LA See	Remove
			Change
***************************************			Add
			Remove
			Change

	-	
, , ,	,	
-		
_		
-		
-		
-		
_		
•		
-		
-		
_		
-	· · · · · · · · · · · · · · · · · · ·	
-		
-	· · · · · · · · · · · · · · · · · · ·	
-		
_		
(If an eff	ive date, if other than the date of filing:(optional) fective 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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed an ent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier established after the record is filed.	of:
Dated	July 1st 2014.	
	0 9 1 1 1 EEE 15	
	Signature of a member or authorized representative of a member	1.
	Signature of a member of authorized representative of a member	
	K Genzalez	,
	Typed or printed name of signee	
	ORIGINAL STATE OF THE STATE OF	

Page 3 of 3

Filing Fee: \$25.00