

L14000128851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

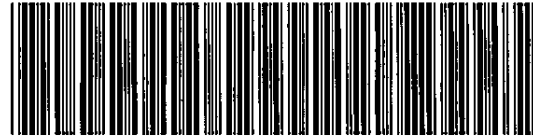
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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SEP 08 2014
1028 035
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 683474 INVESTMENTS, 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:

MERY LOPEZ

Name of Person

MERY LOPEZ, P.A.

Firm/Company

260 HIALEAH DRIVE

Address

HIALEAH, FL 33010

City/State and Zip Code

MLOPEZ@LOPEZLAWFL.COM

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

For further information concerning this matter, please call:

MERY LOPEZ

Name of Person

305 882-2739

at (

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

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 DEPARTMENT OF STATE
 PALM BEACH COUNTY

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

683474 INVESTMENTS, 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 AUGUST 18, 2014 and assigned Florida document number L14000128851.

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 end with 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)


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CLERK OF STATE
TALLAHASSEE FLORIDA

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: CAMIL JEAN
New Registered Office Address: 8855 NW 35 AVE RD
Enter Florida street address
MIAMI, Florida 33147
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	RONEL JEAN	8855 NW 35 AVE RD MIAMI, FL 33147	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CAMIL JEAN	8855 NW 35 AVE RD MIAMI, FL 33147	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ANNETH JEAN	8855 NW 35 AVE RD MIAMI, FL 33147	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 DEPARTMENT OF STATE
 ADMINISTRATIVE SERVICES
 TALLAHASSEE, FLORIDA

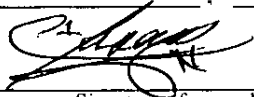
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 27 2014



Signature of a member or authorized representative of a member

CAMIL JEAN

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE FLORIDA