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SECRETARY OF STATE

T. HAMPTON

COVER LETTER

Division of Corporations
SUBJECT: INVESTMENT ACHOMOBILES LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Miguel F. Mirabal (Contact Person)
G10001 Leggi (Firm/Company)
2655 Lyeur Road Svite 412
MIAMI FL 33134 (City/State and Zip Code)
For further information concerning this matter, please call:
Miguel F. Mirabal at (305) 779 - 4845 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Investmer	1+ Automobiles	LLC	
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>U40001296</u>	00	8/19/14	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company he	e <u>re</u> :	
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the	designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	···	-
(Principal office address MUST BE A STREET)	4DDRESS)		20
and the same of th		· · · · · · · · · · · · · · · · · · ·	DATE TO SERVICE OF THE PARTY OF
Enter new mailing address, if applicable:			SS 8 1
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			5 A
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on e address here:	our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office	e address nere.		
Name of New Registered Agent:			
New Registered Office Address:	n N		
	Enter Floi	ridu street address	
	City	, Florida	Zip Code
	Спу		Σιρ Coae

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

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Scheria Capital LLC	600 NE 36 St 912	□ Add
v		Miami FU 33137	Remove
MGR S	Scheria capital, Inc.	600 NE 36 Pt 912	D y Add
	•	Miami, FL :133137	□ Remove
		37 52 37 37	
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		4.	☐ Remove
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			□ Remove
			
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			□ Remove

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
(The effecti	e date, if other than the date of filing:
Dated	November 14, 2014
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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