# 14000/33204

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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SELUCE TARY OF STATE

TAIL AHASSEE, FLORIDA

K.SALY EXAMINER

JAN 13

Patricle Lavery
2365 NE 10th Terr
Bainesville, PZ 32609
352-256-3390

#### **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJEC		L INVESTMENT HOLDINGS	SLCC	
50202		Name of Limit	ted Liability Company	<del></del>
The encl	losed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter to	o the following:	
		SHARON GILBERT		
			Name of Person	
		SMK ACCOUNTING SER	VICES	
			Firm/Company	
		226 WILSHIRE BLVD		
			Address	
		CASELBERRY, FL 32707		
			City/State and Zip Code	
		sharong@smkaccountingser		
		E-mail address: (to	o be used for future annual report notifica	ition)
For furth	her information co	oncerning this matter, please ca	II:	
SHARC	N GILBERT		407 339-1220	
	Name of	Person	at () Area Code Daytime T	elephone Number
Caslaga	dia a abash Sandh	a Callanina amanuti		
		e 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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES	JF UKGANIZA	HUN	France 1
	OF		MERCH
		2016	in TED
TRUMBULL INVEST	MENT WOLT	SINGS LLC	SJAN 11 PM 1:28
Name of the Limited Liability	Company as it now appear	rs on our records.	E13.
(A Fiorida Li	mited Liability Company)	- LAF	74886,000 S
The Articles of Organization for this Limited Liability Con Florida document number <u>1400135204</u>	npany were filed on	8/25/2014	and assigned
Florida document number <u>L/4 000 /35 204</u>		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company he	ere:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the d	lesignation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	(22		
			<u></u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register	red office address of	n our records enter	the name of the new
registered agent and/or the new registered office address		i dat records, enter	the many or one non
	<del>-</del> –		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:			
	Enter Flo	orida 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>	Type of Action
MGR	CONNIE MITCHELL	4397 BROADWAY ST	Add
		LAKE WORTH, FL 33461	■ Remove
			Change
MGR	PATRICK LAVERY	2305 NE 10TH TERR	
		GAINESVILLE, FL 32609	☐ Remove
			☐ Change
			Add
			Remove
			SSEE Remove
			☐ Change
			Add
			☐ Remove
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		Sign	ature of a memb	er or author	ized representa	ative of a memb	er		
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Filing Fee: \$25.00