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SECREDARY OF STATE
AND ASSEE FLORID

SEP 1 6 2014 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 1538 INVESTMENT Name of Lin	Marited Liability Company	<u>. </u>
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
SIDNEY	FET QUSON Name of Person	
1538 In	Firm/Company	116
11820 Miran	MAI PARKWAY SUIT	1 115
Micamar, Fl. Fergy Life e E-mail address:	City/State and Zip Code Hotmail. Com (to be used for future annual report notifi	ñcation)
For further information concerning this matter, please of		
511) NEY FERGUSON Name of Person	at (<u>786</u>) <u>486 – 1</u> Area Code Daytime	853/ e Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\square\$ \$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

1538 INVESTME	ENT GrOUP LLC	
(<u>Name of the Limited L</u> (A F	iability Company af it now appears on our record lorida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liabil Florida document number 14000/36/2 This amendment is submitted to amend the following A. If amending name, enter the new name of the	ity Company were filed on $9-2-1$.	SECONDARY OF STATE
The new name must be distinguishable and end with the word	, , ,	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
_	, Flo	orida
	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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Justin Fuhrmann	9655 E. BAY HArbor Dr	Add
		Apt 7-N	□ Remove
		Apt 7-N BAY HArbor Isles 3315	-4_
			
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Filing Fee: \$25.00

