

L 14000 147248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

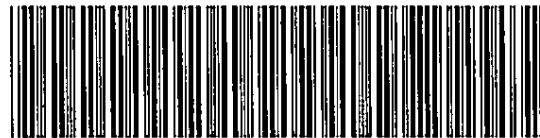
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2018 MAY 14 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN

MAY 17 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FELMAR 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:

ELIZABETH DELUCCA

\_\_\_\_\_  
Name of Person

MANUEL DINER P.A.

\_\_\_\_\_  
Firm/Company

17110 ROYAL PALM BLVD #3

\_\_\_\_\_  
Address

WESTON, FL 33326

\_\_\_\_\_  
City/State and Zip Code

MDINER@DINERLAW.COM

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

For further information concerning this matter, please call:

MANUEL DINER

305 8258151  
at ( )

\_\_\_\_\_  
Name of Person

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

SECRET  
MAY 14 2010  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10/10/2014 BY 60322  
EXCEPT WHERE SHOWN OTHERWISE, THIS DOCUMENT IS UNCLASSIFIED  
DATE 10/10/2014 BY 60322

(Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company) 106

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

PARKLAND, FL 33076

PARKLAND, FL 33076

## Zip Code

## Page 1 of 3

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> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
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|              |             | _____          | <input type="checkbox"/> Change |
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|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL 17, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee

2018 MAY 14 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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