L14000147248

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(Bu	siness Entity Nar	me)		
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M. MILLIGAN

MAY 1 7 2018

COVER LETTER

	gistration Sec vision of Corp					
ents meers.		NVESTMENTS, LLC				
SUBJECT:Name of Limited Liability Company						
The enclose	ed Articles of a	Amendment and fee(s) are subn	nitted for filing.			
Please retur	n all correspon	ndence concerning this matter t	o the following:			
		ELIZABETH DELUCCA				
	Name of Person					
		MANUEL DINER P.A				
			Firm/Company			
		17110 ROYAL PALM BEV	VD #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 c	oncerning this matter, please ca	Al:			
MANUEL	NUEL DINER 305 8258151					
	Name o	f Person	at () Area Code Da	ytime Telephone Number		
Enclosed is	a check for th	ne 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

FELMAR INVESTMENTS, LLC	是是一	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our feetreds.)	
The Articles of Organization for this Limited Liability Company Florida document number L14000147248	ma 7	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8701 WATERSIDE CT	
(Principal office address MUST BE A STREET ADDRESS)	PARKLAND, FL 33076	
	8701 WATERSIDE CT	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PARKLAND, FL 33076	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action	
			☐ Remove	
			☐ Remove	
			Remove	
			Change	
			☐ Remove	
			Change	
			□ Add	
			☐ Remove	
			☐ Change	
			□ Add	
			☐ Remove	

Filing Fee: \$25.00