# 114000168891

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	· #)
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SECRETARY OF STATE
AND AHASSEE, FLORIDA

D. SCOTT APR 3 2017

### **COVER LETTER**

DA FLORIDA SUBJECT:	A INVESTMENTS, LLC	•	
Sebace 1.	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
F			
	RITA JACKMAN		
		Name of Person	
	POWELL, JACKMAN, ST	EVENS& RICCIARDI, P.A	
		Firm/Company	
	4575 VIA ROYALE, SUI	TE 200	
		Address	
	FORT MAYERS, FL 339	19	
		City/State and Zip Code	
	LEGAL@YOUR-ADVOC	ATES.ORG	
•	E-mail address: (	to be used for future annual report notifica	ition)
For further information cond	cerning this matter, please ca	ali:	1s 3
RITA JACKMAN		239 689-1096	ECAN E T
Name of Po	erson	at () Area Code Daytime To	elephone Number 0 3 0
			SAC - EI
Enclosed is a check for the f	following amount:		elephone Number SSEE FLOR
■ \$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:

TO:

Registration Section Division of Corporations

> 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

DA FLURIDA INVESTMENTS,		
( <u>Name of the Lim</u>	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
he Articles of Organization for this Limited lorida document number L14000168891	Liability Company were filed on	0/30/2017 and assigned
nis amendment is submitted to amend the fo	llowing	
. If amending name, enter the new name	of the limited liability company l	here:
ne new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
rincipal office address MUST BEA STRE	ET ADDRESS)	
	<u></u>	
		第3
iter new mailing address, if applicable:		852 - m
lailing address MAY BE A POST OFFICE	<u></u>	THE P
		Öm 3
If amending the registered agent and gistered agent and/or the new registered of		n our records, enter the name of the
Name of New Registered Agent:	RITA JACKMAN	
New Registered Office Address:	4575 VIA ROYALE, SUITE 🗘	<i>&gt;</i> 0
	Enter Fl	orida stræt address
	FORT MYERS	, Florida <sup>33919</sup>
	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> Name

<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			_□ Add
		SEC	Remove
			Remove
		E. E.	S 2 C Add
		5	_□ Remove
			□ Change
	·		Add
			_□ Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if recessary.)
_	
•	
ective	date, if other than the date of filing: (optional)
effecti te: If	date, if other than the date of filing: (optional) with the date of filing or more than 90 days after filing. Rursuant to 6030 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
	s's effective date on the Department of State's records.
<b>***</b>	
he 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.
	March 27, 2017.
.ea	$\frac{11121CVI}{C}, \frac{COII}{C}.$
	Signature of a member or authorized representative of a member
	Pil. Tuk

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Filing Fee: \$25.00