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(Requestor's Name)

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PICK-UP WAIT MAIL

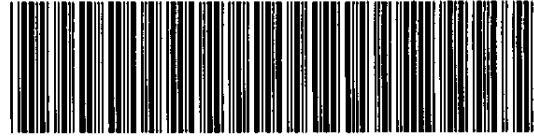
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 01 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Osceola Groves 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:

Fernando Alvarez
Name of Person
Osceola Groves Investments, LLC.
Firm/Company
7270 SW 42 ST
Address
Miami, FL. 33155
City/State and Zip Code
lejeune305@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando Alvarez at (305) 261-4009
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Osceola Groves Investments, LLC

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

The Articles of Organization for this Limited Liability Company were filed on January 05, 2015 and assigned Florida document number L15000001849.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

7270 SW 42 ST.
Miami, FL. 33155

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7270 SW 42 ST.
Miami, FL. 33155

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

_____ Florida
_____ City

Enter Florida street address
Zip Code

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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 = Authorized Member

| Title | Name | Address | Type of Action |
|---|-------------------|-------------------------------------|---|
| AMBR | Osmundo Alvarez | 8475 SW 43 st. Miami, FL. 33155 | <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| } Remains Same as Originally registered | | | |
| AMBR | Gerardo Alvarez | 7800 SW 124 st. Miami, FL. 33156 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| AMBR | Fernando Alvarez | 11024 SW 119 st Miami, FL. 33176 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| AMBR | Alejandro Alvarez | 7840 SW 124 st. Miami, FL. 33156 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | FILED 15 APR 27 PM 12:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines with a diagonal slash across them, indicating no changes were made.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4-12- 2015

[Handwritten Signature]
Signature of a member or authorized representative of a member

Fernando Alvarez
Typed or printed name of signee

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Filing Fee: \$25.00

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