## L15000019418

(Re	questor's Name)	
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(Do	ocument Number)	
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SECRETARY OF STATE FALLAHASSEF, FLORIDA

15 AUG -3 PH 3: 13

FILED 15 Aug - 3 PH 3: 59 Secretary of State

NIGO 6 2015 J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Enrique Barton Name of Person
Investments Nor-Dec International, 210
1000 Brick-ell Ave, Ste 102
MIOMI, FL 33131  City/State and Zip Code  INFO @ MC+21. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CIMA PIA at (305) 358-1440  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)

Certificate of Status & Certified Copy

□ \$60.00 Filing Fee,

(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 Tailahassee, FL 32301



July 30, 2015

CIDY PIG MET 21 REAL ESTATE, LLC 1000 BRICKELL AVE, STE 102 MIAMI, FL 33131

SUBJECT: INVESTMENTS NOR-DEC INTERNATIONAL LLC

Ref. Number: L15000019418

We have received your document for INVESTMENTS NOR-DEC INTERNATIONAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 115A00016101

15 AUG -3 PH 3: 59

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trivestments Nor-	Dec Inter 00  pility Company as it now agree  rida Limited Liability Company	Tonal, LLC	<u> </u>		
The Articles of Organization for this Limited Liability Florida document number 1500019418	• •	410000	and a	ssigne	d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company i	<u>lere</u> :			
The new name must be distinguishable and contain the words "L	imited Liability Company," the	designation "LLC" or the a	bbreviation "	L.L.Ç."	
Enter new principal offices address, if applicable:				<b>-</b>	
(Principal office address MUST BE A STREET AD)	DRESS)	**************************************		<u> </u>	
	•	· <b></b>	2020 2020 2020	<u>\( \frac{1}{\sigma} \) \( \frac{1}{\sigma} \)</u>	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			97	3: 59	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		u our records, <u>enter</u>	the name	of th	<u>ie new</u>
Name of New Registered Agent:					_
New Registered Office Address:	Enter Flo	orida street address			
	Cin.	, Florida	The Carl		
	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

☐ Change

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member <u>Title</u> Name <u>Address</u> Type of Action 1000 Brickell Ave Ste 102 DAdd MGK MIam, FL 33131 \_⊟ Kemove ☐ Change 1000 Brickell Ave, Ste 102 made Freddy Alvarado MGB Miami, FL 33131 ☐ Remove ☐ Change 1000 Brickell Ave, Stell BAdd Tsubel Vives. MAR MIOMI ,FL 33/3/ ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ≧ \_□ Remove \_□ Change □ Add □ Remove

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F Effective	date, if other tha	n the date of filip	101	·	(ontional)	
(If an effect <u>Note:</u> If	ive date is listed, the da the date inserted in t	the must be specific ar this block does not	nd cannot be prior to meet the applicat	date of filing or more	(optional) than 90 days after filing.) quirements, this date	Pursuant to 605.02 will not be listed:
documen	t's effective date on	the Department of	State's records.	_		
	d specifies a de Oth day after the	layed effective e record is filed	date, but not	an effective time	e, at 12:01 a.m. (	on th <b>e e</b> arlier
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Filing Fee: \$25.00