

L15000023162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

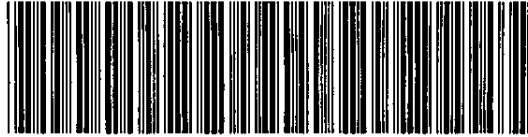
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TALLAHASSEE, FLORIDA
15 APR -3 PM 12:17

OC 4/22

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Garcon Investment 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:

Michael Garcia

Name of Person

Garcon Investment LLC

Firm/Company

324 2nd Ave

Address

Elizabeth, FL 07206

City/State and Zip Code

Michaelgarciaj@hotmail.com

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

For further information concerning this matter, please call:

Michael Garcia

Name of Person

at (908) 8751568

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -3 PM 12:17

Garcon Investment 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 02/06/2015 and assigned
Florida document number L15000023162

This amendment is submitted to amend the following:

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

N/A

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)

425 N-e 22 St apt 901
MIAMI, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

425 NE 22 St apt 901
MIAMI, FL 33137

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:

Oriana Aristizaba

New Registered Office Address:

425 NE 22 St apt 901

Enter Florida street address

Miami

City

Florida

33137

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.

Oriana Aristizaba

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

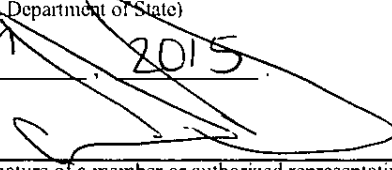
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Diana Aristizabal</u>	<u>425 NE 22 St</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 901</u>	<input type="checkbox"/> Remove
		<u>Miami FL 33137</u>	
<u>AMBR</u>	<u>Diana Aristizabal</u>	<u>425 NE 22 St</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 901</u>	<input type="checkbox"/> Remove
		<u>Miami, FL 33137</u>	
<u>MGR</u>	<u>Michael Garcia</u>	<u>326 2nd Ave</u>	<input type="checkbox"/> Add
		<u>Elizabeth, NJ 07206</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Michael Garcia</u>	<u>326 2nd Ave</u>	<input type="checkbox"/> Add
		<u>Elizabeth, NJ 07206</u>	<input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
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<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

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

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 March 24th 2015



Signature of a member or authorized representative of a member

Michael Garcia

Typed or printed name of signee