

LI5000023162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

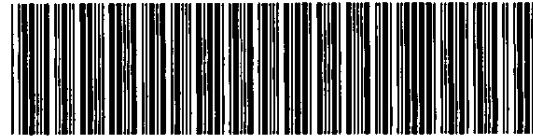
(Document Number)

Certified Copies _____ Certificates of Status _____

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02/10/17--01014--015 **25.00

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2017 MAR 21 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2017

GARCON INVESTMENT LLC
ORIANA ARISTIZABAL
11111 BISCAYNE BLVD, APT. 122
MIAMI, FL 33137

SUBJECT: GARCON INVESTMENT LLC
Ref. Number: L15000023162

We have received your document for GARCON INVESTMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 417A00002828

RECEIVED
2017 MAR 21 AM 11:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

Oriana Aristizabal
Name of Person

Garcon Investment LLC
Firm/Company

1111 Biscayne Blvd #122
Address

Miami FL 33181
City/State and Zip Code

Orianaaristizabal@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oriana Aristizabal at (305) 479-5547
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Garcia Investment LLC

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

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TALLAHASSEE, FLORIDA

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:

The new name must be distinguishable and contain 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)

Michael Garcia
1111 Biscayne Blvd #122
Miami FL 33181

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Michael Garcia

New Registered Office Address:

1111 Biscayne Blvd #122

Enter Florida street address

Miami

Florida

33181

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>owner</u>	<u>Michael Garcia</u>	<u>11111 Biscayne Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Onana anstrakey</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Michael Garcia</u>	<u>11111 Biscayne Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33181</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Michael Garcia</u>	<u>11111 Biscayne Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33181</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Onana anstrakey</u>	<u>11111 Biscayne Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33181</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Onana Anstrakey</u>	<u>11111 Biscayne Blvd #122</u>	<input type="checkbox"/> Add
		<u>Miami FL 33181</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

Lined area for amendments.

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TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 03/15/2017

Oriana Aristizabal

Signature of a member or authorized representative of a member

Oriana Aristizabal

Typed or printed name of signee