

#L15000042897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

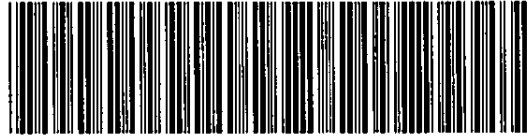
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

2015 JUL -2 PM 4:56

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K. SALY
EXAMINER

JUL -6 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LN INVESTORS, 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:

DANILO SANTANA

Name of Person

US TAX CONSULTING INC

Firm/Company

5401 S KIRKMAN RD STE 105

Address

ORLANDO, FL 32819

City/State and Zip Code

SUPPORT@USTAXCONSULTING.NET

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

For further information concerning this matter, please call:

DANILO SANTANA

Name of Person

407 6748969

at ()

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**

LN INVESTORS, LLC

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

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2015 JUL -2 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FL 32310

The Articles of Organization for this Limited Liability Company were filed on 03/09/2015 and assigned Florida document number L15000042897.

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)

1500 WURT RD.

OCOE, FL 34761 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1500 WURT RD.

OCOE, FL 34761 US

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:

US TAX CONSULTING INC

New Registered Office Address:

5401 S. KIRKMAN RD. STE.105

Enter Florida street address

ORLANDO

City

, Florida 32819

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 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>
MGR	CARLOS NOBILE	12044 MODENA LN	<input type="checkbox"/> Add
		ORLANDO, FL 32827	<input checked="" type="checkbox"/> Remove
MGR	CARLA NOBILE	12044 MODENA LN	<input type="checkbox"/> Add
		ORLANDO, FL 32827	<input checked="" type="checkbox"/> Remove
AMBR	CARLOS NOBILE	12044 MODENA LN	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32827	<input type="checkbox"/> Remove
AMBR	CARLA NOBILE	12044 MODENA LN	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32827	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLARK COUNTY FLORIDA
CLERK OF COURT

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 JUNE 29, 2015



Signature of a member or authorized representative of a member

DANILO SANTANA

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA