## 115000055102

(Requestor's Name) (Address)	
	700297364137
(Address)	2011 SALL
(City/State/Zip/Phone #)	ZILLANASSEE, FLORID
(Business Entity Name)	ORIDA ORIDA
(Document Number)	04/11/1701010009 **25.00
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	2017 APR 10
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K. SALY APR 12-2017

## **COVER LETTER**

Division of Corpo	rations		
SUBJECT: LV INV	ESTMENTS OF PIN	ELLAS COUNTY LLC	
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	GC	APDON JOHN	
	GC	RDON, JOHN	
		Name of Person	
	LV INVESTMENT	S OF PINELLAS COUNTY	шс
		Firm/Company	<del> </del>
Principal Address	11957 79TH AV	E N Mailing Address	PO BOX 2051
		Address	<del> </del>
	SEMINOLE, FL 33	<u>-                                      </u>	33779
	Inhnhanefield	City/State and Zip Code ds@gmail.com	
		to be used for future annual report notifica	tion)
For further information con	cerning this matter, please ca	dl:	·
GORDOI	N, JOHN	727 710 8504	
Name of Po	rson		elephone Number
Enclosed is a check for the t	following amount:		
SR \$25.00 Filing Fee	S30.00 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)

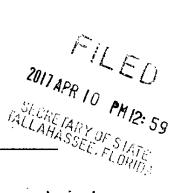
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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



## LV INVESTMENTS OF PINELLAS COUNTY 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 Compa	my were filed on	7/2017	and assigned
Florida document number L15000055102			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	ne:	
The new name must be distinguishable and contain the words "Limited Lie	shility Company," the de	signation "LLC" or the s	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
		····	
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			
			······································
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	· . ·		
New Registered Office Address:		•	
	Enter Flori	da street address	
		, Florida	
	City		Ztp Code
New Registered Agent's Signature, if changing Registered Agen	<u>ot:</u>		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi- company has been notified in writing of this change.	ete performance of i is provided for in C	my duties, and I am hapter 605, F.S. Or	familiar with and if this document is
ΪſĊ	hanging Registered Age	est, Signature of New R	egistered 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

Litte	Name	Address	Type of Action
AMBR	Lyle Vincent	6701 Bayou Grande Blvd NE	<b>25</b> Add
		St Petersburg Florida 33702	Remove
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Page 3 of 3

Filing Fee: \$25.00