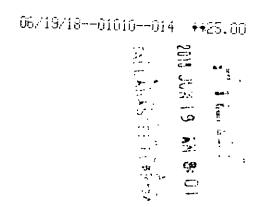
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(Re	questor's Name)	<u> </u>
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(Cit	ty/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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J. HARRIE

COVER LETTER

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Division of Cor			•
endieze.		VESTMENTS LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		ANGELINA C. LI	
		Name of Person	
		JAL ACCOUNTING P.A.	
		Firm Company	
	3363 S	SHERIDAN STREET STE 214	
		Address	
	1	HOLLYWOOD, FL 33021	
	ANGEL@JALACCT.COM	City/State and Zip Code	
	***	to be used for future annual report notifi	cation)
For further information c	concerning this matter, please co	all:	
LAI YEE VONG		954 963-6606	
Name c	of Person	at ()	Telephone Number
Enclosed is a check for t	he 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

		TMENTS LLC	
(Name of the Limite	d Liability Com A Florida Limito	pany as it now appears on our record d Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Lia		ny were filed on APRIL 22, 2015	and assigned
Torida document number 1.15000070833	·		
this amendment is submitted to amend the follow	wing:		
If amending name, enter the new name of	the limited liz	ability company here:	
IONE			
he new name must be distinguishable and contain the wo	ords "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	NONE	
Principal office address MUST BE A STREET	(ADDRESS)		
			<u> </u>
			FO 60
nter new mailing address, if applicable:		NONE	
Mailing address MAY BE A POST OFFICE B	BOX)		Service Borrer
			<u> </u>
			≱
. If amending the registered agent and/o	r registered	office address on our record	s, enterathe name of the
egistered agent and/or the new registered off	ice address he	<u>ere</u> :	
			•
Name of New Registered Agent:	NONE		
New Registered Office Address:			
new registered Office Addices.		Enter Florida street addres	X3
		FI	lorida
		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>	Address	Type of Action
MGR	CARMEN TUN	1661 EGRET ROAD	_ Add
		HOMESTEAD, FL 33035	□ Remove
			☐ Change
			DAdd
			☐ Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			Change .
			☐ Remove

NONE	
	-
ctive date, if other than the date of filing:	tional) ter filing.) Pursuant to 605. his date will not be liste
ecord specifies a delayed effective date, but not an effective time, at $12:01$ ne 90 th day after the record is filed.	a.m. on the earlie
· I	;; <u>2</u> 2;
ed 6/i/18	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00