## L150000 81886

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JUN 08 2015 J SHIVERS

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CHDIE	IN THE CIT	ΓΥ INVESTMENTS 704, LLC		
SUBJE	CI;		ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		JOSEFINA A GATTEI		
Name of Person				
		JOSEFINA A. GATTEI PA	A	
Firm/Company				
1000 EAST HALLANDALE BEACH BLVD SUITE 28				
			Address	
		HALLANDALE BEACH,	FLORIDA 33009	
		·	City/State and Zip Code	
		assistantefischercpa@gmail		
		E-mail address: (t	to be used for future annual report notif	lication)
For furt	her information co	oncerning this matter, please ca		
JOSEF	INA A. GATTEI		305 525-3502 at ()	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclose	d is a check for th	e 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

IN THE CITY INVESTMENTS 704, LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	)
The Articles of Organization for this Limited Liability Compa	any were filed on 05-07-2015	and assigned
Florida document number L15000081586		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		1274
B. If amending the registered agent and/or registered	office address on our records,	enter the name of the
registered agent and/or the new registered office address b		5
		S T
Name of New Registered Agent:		5
		Man 2 ins
New Registered Office Address:	F Pl	
	Enter Florida street address	SE SI
	, Flor	
	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>	Type of Action
MGR	WALTER GABRIEL FISCHER	1000 EAST HALLANDALE BEA	■ Add
			□ Remove
			☐ Change
	····		Add
		•	Remove
		<del></del>	Change
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ective date, if other than the	e date of filing:	0.01	(optional	) 📶
effective date is listed, the date mule: If the date inserted in this b	lock does not meet the appli	or to date of filing or mor cable statutory filing (	e than 90 days after filing requirements, this date	e will not be listed
ument's effective date on the D	Department of State's record	S.		
record specifies a delaye he 90th day after the rec	d effective date, but no	ot an effective tin	ne, at 12:01 a.m.	on the earlier
ne sour day after the rec	,ord is filed.			
May 26 ed	2015		يُ	en en
	1000	200	्र्यं इ. <b>-</b>	and the second
	XVV.			
	Signature of a member or auth	norized representative of	a member	
	JOSEFINA	A. GATTEI		
<del></del>		ted name of signee		

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Filing Fee: \$25.00