## L15000083407

(Re	equestor's Name)	
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUD.		A INVESTMENTS LLC		
SUB	JECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		ANTOINE GENDRE		
			Name of Person	
		-	Firm/Company	
		805 NORTH ANDREWS	AVENUE	
			Address	<del></del>
		FORT LAUDERDALE, F	L 33311	
			City/State and Zip Code	<del></del>
		antoinegendre@yahoo.com	1	<del></del>
For fi	urther information c	e-mail address: (	to be used for future annual report noti	neation)
	OINE GENDRE		954 530 133	7
ļ	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclo	osed is a check for th	ne following amount:		
<b>S</b>	525.00 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

PLUMERIA INVESTMENTS LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company orida document number L15000083407	y were filed on MAY 11, 2015	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
e new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<b>=</b>
Principal office address MUST BE A STREET ADDRESS)		<b>3</b> 30
		A CORRECTION OF THE CORRECTION
nter new mailing address, if applicable:		<b>3</b> S
<u> Aailing address MAY BE A POST OFFICE BOX)</u>		<b>2</b> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	<del> </del>	• • •
If amending the registered agent and/or registered of gistered agent and/or the new registered office address he  Name of New Registered Agent:	· •	enter the name of the
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	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	ANTOINE GENDRE	805 NORTH ANDREWS AVE	
		FORT LAUDERDALE, FL 33311	■ Remove
			☐ Change
MGR	KATHARINA GORLITZ	805 NORTH ANDREWS AVE	Add
		FORT LAUDERDALE, FL 33311	■ Remove
			Change
MGR	EVARIST LLC	805 NORTH ANDREWS AVE	Add
		FORT LAUDERDALE, FL 33311	□ Remove
			☐ Change
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Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department of the properties o	specific and cannot be p does not meet the ap rtment of State's reco	plicable statutory fili ords.	ng requirements, this d	ing.) Pursuant to 605.0207 ate will not be listed as
The 90th day after the record	is filed.			
Dated MARCH 3RD	, 2017	<del>_</del>		17
Sign	nature of a member or	antiorized representativ	e of a member	
				- CO
ANTOINE GENDRE				<b>3</b>
ANTOINE GENDRE	Typed or p	orinted name of signee	-	FILED SI

Filing Fee: \$25.00