# U500008116

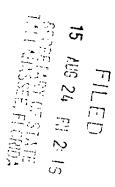
(R	lequestor's Name)	
A)	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	<u> </u>
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	





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AUG 2 5 2015 S. YOUNG

# **COVER LETTER**

TO:

Registration Section

Div	ision of Corp	porations			
		VESTMENTS LLC			
SUBJECT:		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub-	_		
		JOSEPH P. MULLEN			
		•	Name of Person	*	•
		MULLEN & BIZZARRO,	P.A.		
			Firm/Company		
		2929 E. COMMERCIAL I	BLVD		AUG 24
			Address		- 2
		SUITE PH-C			
			City/State and Zip Code		
		JPMULLEN@MULLENBI			
		E-mail address: (	to be used for future annual report noti	fication)	
For further in	nformation co	oncerning this matter, please co	all:		
JOSEH P. M	MULLEN		954 772-9100 at ()		
	Name of	fPerson	Area Code Daytim	e Telephone Number	
Enclosed is a	a check for th	ne following amount:			·
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Registra Divisio P.O. Bo	ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ars on our records.)
he Articles of Organization for this Limited Liability Company were filed on orida document number L15000088116	5/19/15 and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	<u>here</u> :
ne new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	. (2)
	\$ 7
ter new mailing address, if applicable:	2 2 1
failing address MAY BE A POST OFFICE BOX)	
	3.2 15
Ye among the second and the second a	
If amending the registered agent and/or registered office address gistered agent and/or the new registered office address here:	on our records, enter the name of th
Name of New Registered Agent:	
New Registered Office Address:	

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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	NOAM AVRAHAMI	PO BOX 4175	<b>∃</b> Add
		FORT LAUDERDALE, FL 33338	Remove
			□ Change
AMBR	NOAM AVRAHAMI	PO BOX 4175	■ Add
	•	FORT LAUDERDALE, FL 33338	Remove
			□ Change
AMBR	ARNONA BLOCH	601 W. OAKLAND PARK BLVD	Add
		#17	□ Remove
		OAKLAND PARK, FL 33311	Ghange
			Add [H
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			Change
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Page 3 of 3

Filing Fee: \$25.00

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# **Detail by Entity Name**

### Florida Limited Liability Company

**BLOCH INVESTMENTS LLC** 

#### **Filing Information**

**Document Number** 

L15000088116

**FEI/EIN Number** 

NONE

**Date Filed** 

05/19/2015

**Effective Date** 

05/18/2015

State

FL

Status

**ACTIVE** 

Last Event

LC AMENDMENT

**Event Date Filed** 

07/14/2015

**Event Effective Date** 

NONE

#### Principal Address

601 W. OAKLAND PARK BLVD

#17

OAKLAND PARK, FL 33311

#### **Mailing Address**

P.O. BOX 4175

FORT LAUDERDALE, FL 33338

#### Registered Agent Name & Address

BLOCH, ARNONA 601 W. OAKLAND PARK BLVD #17

OAKLAND PARK, FL 33311

#### Authorized Person(s) Detail

#### Name & Address

Title MGR

BLOCH, ARNONA 601 W. OAKLAND PARK BLVD, #17 OAKLAND PARK, FL 33311