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DATE:

7/8/15

NAME:

LVOV INVESTMENTS LLC

TYPE OF FILING: AMENDMENT

COST:

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Se Division of Cor				
CUD IF OT	LVOV INVE	STMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company		
		-		
		Laura Louie		
		Name of Person		
Division of Corporations LVOV INVESTMENTS LLC Name of Limited Liability Company				
		39 Utica Avenue	- 4 .	
		Address	ASE	2015 2015
		Latham, NY 12110	XRETV AH A	宣.]
		City/State and Zip Code	r⊓-≺	~
	E-mail address:	to be used for future annual report notifi		> 5
For further information of	oncerning this matter, please o	ali:	2-10-10 mm-1	
Laura Louie			>	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Certified Cop	f Status & Dy
		STREET/COURII Registration Section		

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NVESTMENTS LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	ompany as it now appears on mited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L15000102748</u>	npany were filed onlune_l	2, 2015	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
		AL SE	20
		AR	
Enter new mailing address, if applicable:	11.10	AS	***************************************
(Mailing address MAY BE A POST OFFICE BOX)		E C	œ
		- m - m	D
		0R	ب
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on our		e Trime of the ne
to the second state of the second state address	a nese.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	rect address	
		, Florida	
	Ciņ		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
AMBR	JAMES KRUK	7572 CONSERVATION COURT	Add
		SARASOTA, FL 34241	■ Remove
			Change
AMBR	JAMES ALESSANDRIA	7572 CONSERVATION COURT	= Add
		SARASOTA, FL 34241	☐ Remove
			☐ Change
			SECRETARY OF STATE Remove Remove
			Change
			□ Add
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			Change
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			☐ Remove
			☐ Change

			·		
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