(Requestor's Name)
(Address)
(Address)
(131.555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(2)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

Div	ision of Corp	porations '		
SUBJECT:		Distress Property Investment, I	LLC	
SUBJECT.		Name of Lim	ited Liability Company	<del></del>
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Constantina Weston		
			Name of Person	<del></del>
		Your Time Distress Proper	ty Investment, LLC	
		<del></del>	Firm/Company	
		16707 NW 20th Street		
			Address	
		Pembroke Pines, FL 33028	1	
			City/State and Zip Code	
		cwestonhomes@gmail.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Constantina	Weston		954 867-8905 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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

TO:

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

ty Company as it now appears on our record	ds.)
a Limited Liability Company)	
Company were filed on June 12, 2015	and assigned
ited liability company here:	
ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
RESS)	
etered office address on our record	SS 3 1 5 SS S
ress here:	<b>F</b>
Enter Florida street addre.	ss
ស	lorida
City	Zip Code
	ty Company as it now appears on our record a Limited Liability Company)  Company were filed on June 12, 2015  ited liability company here:  ited Liability Company," the designation "LLC RESS)  Stered office address on our record ress here:  Enter Florida street addres.  Florida street addres.

## 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Constantina Weston	16707 NW 20th Street	[] Add
		Pembroke Pines, FL 33028	☐ Remove
		····	■ Change
AMBR	Leroy Weston	16707 NW 20th Street	<b>\</b>
		Pembroke Pines, FL 33028	□ Remove
			☐ Change
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			Definition of the control of the c
		<del> </del>	□ Remove
		<del></del>	□ Change
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ective date, if other than the date of filing:	(optional)
ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory file terms of the date on the Department of State's records.	r more than 90 days after filing.) Pursuant to 60 ling requirements, this date will not be list
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	e time, at 12:01 a.m. on the earli
ed August 19, 2015	<b>\</b>
~ A	)

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00