L15000118589

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COVER LETTER

SL	BJECT:	1ARIALCEFRAN FAMIL	y investments li	C
		Name of Limi	ited Liability Company	 · · · · · · · · · · · · · · · · ·
Th	e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ease return all correspo	endence concerning this matter	to the following:	
			RICHARD RIVERA	<u> </u>
			Name of Person	
		MARIALCE	FRAN FAMILY INVI	ESTMENTS LLC
			Firm/Company	· - · · · · · · · · · · · · · · · · · · ·
	8615 COMMODITY CIRCLE SUITE 19			SUITE 19
			Address	
		(ORLANDO, FL. 32819)
City/State and Zip Code				
		RRI	VERA@KCVASSOCI	ATES.COM
		E-mail address: (t	o be used for future annual re	eport notification)
For	further information co	oncerning this matter, please ca	dl:	
	RICHARD :	RIVERA	or (407)	692- 1053
_	Name of	f Person	at (<u>407</u>) Area Code	Daytime Telephone Number
En	closed is a check for th	ne following amount:		
D3	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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**

2015 OCT 19 AM 11: 56

FILED.

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	Or	TENSET ART OF STATE
MARIALCEFR	an family investmen	RECEETARY OF STATE' TS LLC ALLAHASSEE, FLORIDA nour records.)
(Name of the Limited Liah (A Flor	ility Company as it now appears o ida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability	Company were filed on07/	/09/2015 and assigned
Florida document numberL15000118589	·	·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here	:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designment	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or reg	ristered office address on o	ur records, enter the name of the
registered agent and/or the new registered office ad	Idress here:	ar recording enter the name or the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
<u> </u>		, Florida
	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 mv 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
MGR	PAULA J. MARTINEZ	8615 COMMODITY CIRCLE SUITE 19	Add
		ORLANDO, FL. 32819	Remove
			Change
			□ Add
			Remove
			Change
			□ Remove
			Change
			□ Add
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ffective	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605 0207 (2\/L\
ote: If t	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be let's effective date on the Department of State's records.	isted as the
ocument	s effective date on the Department of State's records.	
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	rlier of:
The 90	Oth day after the record is filed.	
-43	OCTOBER 16 2948	
ated	- COLOGERIO	
	Signature of a member of authorized representative of a member	
	/ RICHARD RIVERA	

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Filing Fee: \$25.00