## 115000121493

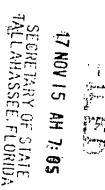
(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300305623563

11/15/17--01023--002 \*\*180.00



## **COVER LETTER**

Division of Co	rporations		
	NVESTMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
Name of Person Area Code Daytime Telephone Number  Inclosed is a check for the following amount:			
Please return all corresp	ondence concerning this matter	to the following:	
	ALAIN RODRIGUEZ		
		Name of Person	
	ARCA ACCOUNTING		
		Firm/Company	
	14171 SW 156TH AVE		
		Address	
	MIAMI FL 33196-6069		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all;	
ALAIN RODRIGUEZ		· · · · · · ·	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

**Registration Section** 

TQ:

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

SUREX INVESTMENTS LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on JULY 16, 2015	and assigned
Florida document number L15000121493		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE <u>A</u> STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		er the name of the
registered agent and/or the new registered office address b	<u>iere</u> :	Z R
		10 V
Name of New Registered Agent:		SS 50 STATE
New Registered Office Address:		TO 25 1777
	Enter Florida street address	100 S
	, Florida	RA C
<del></del>	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>	Address	Type of Action
MGR	LUKIN, EZEQUIEL	9536 NW 8TH CIRCLE	
		PLANTATION FL 33324	■ Remove
			☐ Change
MGR .	ANA MARIA KIRSCHBAUM	13727 SW 152ND ST STE 214	
		MIAMI FL 33177	☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
<del></del>			□ Add
		·	Remove
		<u> </u>	Change
			Add
			Remove
			Change
	*******		Add
			☐ Remove
			Change

,							
****							
	. 1887 80-1						<del></del>
•		· · · · · ·					
							_
					<u></u>		<del></del>
					<u> </u>	= 7	
					AH.	NOV	* j
-			•		SS ×	<u>-</u>	्रमण्यात भूकिते सार्थ
					<u> </u>	3	
					<u> </u>	===	i provide
					<u> </u>	<b>6</b> )	
					<b>;&gt;&gt;</b>		
							<del></del>
ective date, if other than the date of filing:				(ont	ional)		
n effective date is listed, the date must be specific and cannot be pri				n 90 days afte	er filing.) Pu		
te: If the date inserted in this block does not meet the appleument's effective date on the Department of State's record		statutory	ming requ	mements, m	is date wit	i iioi b	e iisteu
record specifies a delayed effective date, but r The 90th day after the record is filed.	not an	effecti	ve time,	at 12:01	a.m. on	the e	arlier
ted NOVEMBER 7 , 2017							
/ <i>I</i> D							

Page 3 of 3

Filing Fee: \$25.00