

L15000146412

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2016 SEP -9 P 3:32

TALLAHASSEE, FLORIDA

SEP 12 2016  
J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Big Brother Investments, LLC  
Name of Limited Liability Company

1248 E Hillsborough  
Ave, Suite  
232  
Tampa, FL  
33610

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Effeme Lordeus  
Name of Person

Big Brother Investments, LLC  
Firm/Company

515 E LAS OLAS BOULEVARD, Suite 120  
Address

Fort Lauderdale, FL 33301  
City/State and Zip Code

info@Bigbrotherinvestments.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Effeme Lordeus at (954) 330-7143  
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- ☒ \$25.00 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  
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

Big Brother Investments, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SISE LAS OLAS  
Blvd.  
Fort Lauderdale,  
FL 33301

The Articles of Organization for this Limited Liability Company were filed on 8/26/2015 and assigned

Florida document number L1500046412

This amendment is submitted to amend the following:  
L1500046412

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SISE LAS OLAS Blvd. Fort Lauderdale  
Suite 120  
33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SISE LAS OLAS Boulevard, Suite  
120  
Fort Lauderdale, FL 33301

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

~~XXXXXXXXXX~~ N/A

New Registered Office Address:

N/A  
Enter Florida street address  
N/A  
City, Florida  
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.

N/A

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	Name	Address	Type of Action
AP	CLAUDE ST Jean	1248 E Hillsborough Ave, Suite 232 Tampa, FL 33610	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Change
AP	EFREME LORDEUS	SISE LAS OLAS BLVD Fort Lauderdale, For Florida 33301	<input checked="" type="checkbox"/> Add, Suite 120 <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	MIRETTE LORDEUS	SISE LAS OLAS Blvd. Suite 120 Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Marie Yve Nicolas	SISE LAS OLAS Suite, 120 Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	CLAUDE ST Jean	SISE LAS OLAS Blvd Suite, 120 Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

W/A

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 09-08-16 (optional)  
(If an effective 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 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 09-08-2016

EFREME LORDEUS

Signature of a member or authorized representative of a member

EFREME LORDEUS

Typed or printed name of signee