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OCT 15 2015 J SHIVERS CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

PHONE: 850-55	8-1500			
	ACCOUNT NO.	: 12000000	0195	
	REFERENCE	: 831844	7821110	
	AUTHORIZATION	Smell of	enan	
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ORDER DATE :	October 14, 2015			
ORDER TIME :	3:32 PM			
ORDER NO. :	831844-005			
CUSTOMER NO:	7821110			
	DOMESTIC AM	ENDMENT FILI	<u>NG</u>	
NAME.	TELLIDIDE / CNOW	ND T E'T		

EFFECTIVE DATE:

	OF AMENDMENT ARTICLES OF I	NCORPORATION
PLEASE RETURN	THE FOLLOWING	AS PROOF OF FILING:
CERTIF	IED COPY	
XX PLAIN	STAMPED COPY	
CERTIF	ICATE OF GOOD	STANDING

INVESTMENTS LLC

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TELLURIDE/SNOWDRIFT INVESTMENTS LLC (Name of the Limited Linbility Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 12, 2015 and assigned Florida document number L15000172831 This amendment is submitted to amend the following: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida City 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	Daysi Johansson	c/o 200 S. Biscayne Blvd., 6th Floor Miami, FL 33131	DbA 🗖
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	it be specific and cannot be prior to date of filing or mo ook does not meet the applicable statutory filing	re than 90 days after filing.) Pursuant to 605	3.0207 (3)(b ed as the
the record specifies a delaye The 90th day after the rec	l effective date, but not an effective til ord is filed.	me, at 12:01 a.m. on the earlie	er of:
Dated October 14	2015		
Penala A.	Signature of a member or authorized representative of		
	Signature of a member or authorized representative of	of a member	

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Filing Fee: \$25.00