L15000186249

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
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COVER LETTER

SUBJECT:	ULTIMA	TE INVESTMENT, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		YONEL S. JOSEPH	
		Name of Person	
	ULTI	MATE INVESTMENT, LLC	
	Firm/Company		
	9331 STANMOOR LN		
		Address	
	JAC	KSONVILLE, FL 32244	
City/State and Zip Code			
	-	tephan01@yahoo.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
YONEL S. JOSEPH		904 881-8670 at ()	
Name of	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	e 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:

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 OF

ULTIMATE IN	VESTMENT, LLC.			
(<mark>Name of the Limited Liability C</mark> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)		-	
The Articles of Organization for this Limited Liability Com	npany were filed on NOVEMBER 03, 2015	and	assign	ed
Florida document number L15000186249				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the al	breviation	"L.L.C	17
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
Enter new mailing address, if applicable:		<u> </u>	<u>ੂੰ</u>	
(Mailing address MAY BE A POST OFFICE BOX)		Ţ: ·	Z	
		工作。 <u> </u>	₹ ~—	1.1.11882 1. t.
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B. If amending the registered agent and/or register	red office address on our records, enter	the nan	i ₽of	the nev
registered agent and/or the new registered office addres	s here:		$\ddot{\Sigma}$	
			N	
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				
	Enter Florida street address			
•	, Florida			
	City	Zip Co.	de	

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	SOLANGE M. JOSEPH	9331 Stanmoor Ln	Add
		Jacksonville, FL 32244	☐ Remove
			Change
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scument's effective date on the Department of State's records.			
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Filing Fee: \$25.00