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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 58H Investments Realty Group "LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luz Estela Hoffmerster Luz Estela Hoffmerster "LLC"
LUZ Estela HOFFMeister"LLC"
2200 Montoe ST #4
HOllywood FL 33020 City/State and Zip Code STella @miamicottetajes.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luz Estela Hoffmeister at (786) 740 01 60 PER TO Name of Person Area Code Daytime Telephone Number 2007
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Scriffied Copy Certificate of Status (additional copy is enclosed) Scriffied Copy Certified Co

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

59H INVESTME (Name of the Limited Li (AF)	ENTS Sability Companior C	REALTY IV as it now appears of ability Company)	GROUP on our records.	LLC.
The Articles of Organization for this Limited Liability Florida document number		were filed on O	1-05-11	and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the LUZ ESTEIA HOFF The new name must be distinguishable and contain the words	n E IST	er "LL	<u></u>	shkandation 91 I C 2
		_		•
Enter new principal offices address, if applicables (Principal office address MUST BE A STREET AL		HO113 W A 2 U	,000 F	T # 4 L 33020
Enter new mailing address, if applicable:				ST # 4
(Mailing address MAY BE A POST OFFICE BOX	2	HOLLYW USA		33020
B. If amending the registered agent and/or registered agent and/or the new registered office		ice address on o		the name of the new
Name of New Registered Agent:			TALLA	7 20 m
New Registered Office Address:	2200	MONRO Enter Florida	E ST 25	# 7
			, Florida	3B O O
New Registered Agent's Signature, if changing Regist		City	20 m	Quy Code —
I hereby accept the appointment as registered ago	ent and agree	e to act in this cap	acity. I further ag	· · ·

If Changing Registered Agent, Signature of New Registered Agent

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 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
			Add
			□ Remove
			Change
			☐ Add
			Remove
	\		☐ Change
			☐ Add
			☐ Remove
			□ Add
			☐ Remove
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			SSET O DANG TO
			LLAH SSEE FLORIDA 33 Remove
			□ Change
			□ Add
			☐ Remove
			Change

D. If amend	ling any other inforn	1ation, enter cha	ange(s) here: (Attach	additional sheets, i	f necessary.)	
	My one	me	15	LUZ E	Estela	
	HOFF	mei	ster.	coul	d 400	<u>و</u>
	Char	·9e	my	Hidd	le In	icial
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(If an effect Note: If	date, if other than the date is listed, the date in this the date inserted in this the effective date on the	oust be specific and control block does not me	cannot be prior to date of fi cet the applicable statute	ling or more than 90 day	(optional) s after filing) Rursuant s, this date will north	to 605.0207 (3)(b oc listed as the
the recor	d specifies a delay Oth day after the re	ed effective da cord is filed.	ite, but not an effe	ctive time, at 12:	ASSOUTH P	earlier-of:
Dated	MAY IT	<u> </u>	2016.		3. 02	
		Signature of a mic	ember or authorized repres			_
	Luz t	Estela	Hoffn	neister	2	
	*		yped or printed name of s			

Page 3 of 3

Filing Fee: \$25.00