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## **COVER LETTER**

	egistration Se ivision of Cor			
SUBJECT	•	UITY INVESTMENTS LLC		
30Date 1	•	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retui	rn all correspo	ndence concerning this matter	to the following:	
		Gregory R. Fishman, Esq.		
			Name of Person	
		Gregory R. Fishman, PA		
			Firm/Company	
		2750 NE 185 Street, Ste. 2	204	
			Address	
		Aventura, FL 33180		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		greg@grfpa.com		
		E-mail address: (	to be used for future annual report notifi	ication)
For further	information co	oncerning this matter, please co	all:	
Gregory R.	. Fishman		305 792-6945	
	Name of	`Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	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:

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

FIRST EQUITY INVESTMENTS LLC

(Name of the Lim	ted Liability Company as it now appears ( (A Florida Limited Liability Company)	on our records.)
	(A Florida Limited Liability Company)	end end The comp
The Articles of Organization for this Limited L	iability Company were filed on Marc	th 11, 2016 and assigned
Florida document number L16000050671	· · · · · · · · · · · · · · · · · · ·	ARY 25
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here	24 <i>i</i> 3
The new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	
(Principal office address MUST BE A STREE	ET 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 o	our records, enter the name of the ne
registered agent and/or the new registered of		,
Name of New Registered Agent:	Gregory R. Fishman, Esq.	
New Registered Office Address:	2750 NE 185 Street, Ste. 204	
	Enter Florida	a street address
	Aventura	, Florida <sup>33180</sup>
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete performance of m istered agent as provided for in Ch registered office address, I hereby	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
	If Changing Registered Agen	A, Signature of New Registered Agent

Page 1 of 3

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	GAINES, CONNIE	400 SOUTH POINTE DR., SUITE	Add
		Miami Beach, FL 33139	■ Remove
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fective date, if other than an effective date is listed, the date ote: If the date inserted in this ocument's effective date on the record specifies a delation of the 90th day after the	must be specific and car s block does not meet e Department of State yed effective date	t the applicable statutory e's records.	g or more than 90 days y filing requirements	, this date	;.) Pursua : will no	ot be listed a
March 24	2	2016				
ted	,,,	<u> </u>			20	
P-18	Signature of a men	nber or authorized represer	ntative of a member	( ) ( )	ಲಾ	122 307 - 24
Gregory R. Fishman	n, authorized represen	tative		icin III	HAR 2	Carrieran Si
<u> </u>	Ту	ped or printed name of sig	nee	第六	<u> </u>	<del>-</del>
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Filing Fee: \$25.00