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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Told Management a Investments 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:			
Harisa Carpintero			
Crystal Ball room Firm/Company			
5415 Lake Howell Rd #228			
Winter Park, FL 32792 City/State and Zip Code			
E-mail address: (to be used for figure annual report notification)			
For further information concerning this matter, please call:			
Marisa Carpintero at (407) 501-3474 Name of Person Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \times S25.00 Filing Fee \times Certificate of Status \times Certified Copy (additional copy is enclosed) \times \$60.00 Filing Fee, 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

1+L Management & I	investments LC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L16000 105522</u> .	vere filed on 5/31/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	S A F F F F F F F F F F F F F F F F F F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5415 Lake Hove 11 Rd #228 Winter Park, FL 32792
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent:	asz Rogowski
New Registered Office Address: 1519	Inornhill Circle Enter Florida street address
	A

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>	Name	Address	Type of Action	
AMBR	Tara Rogowski	1519 Thomhill Circle Oviedo, FL 32765	□ Add	
	U	Ovredo, FL 32765	Remove	
			Change	
			Add	
			Remove	
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			Remove	
			□ Change	

	
	
	
If an effective d Note: If the	te, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of day after the record is filed.
Dated	9/23 . 2019
	Signature of a member of authorized representative of a member
	Likasz Rogowski
	Oped or printed name of signee

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Filing Fee: \$25.00