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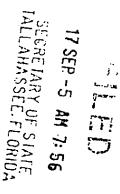
(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

Divi	ision of Cor	porations		
SUBJECT:	LIMONTR	EE BRANCH INVESTMENT	rs, llc	
		Name of Lin	nited 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:	
		RUFINO PAULINO		
		•	Name of Person	
		LIMONTREE BRANCH	INVESTMENTS, LLC	
			Firm/Company	
		18000 NW 68TH AVEN	JE, # 206	
			Address	
		HIALEAH FL 33015		
		·	City/State and Zip Code	
			VESTMENTS@GMAIL.COM	
			to be used for future annual report notifi	cation)
For further in	formation co	oncerning this matter, please ca	all:	
RUFINO PA	NULINO		786 209-4718	
-	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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

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

LIMONTREE BRANCH INVESTMENTS, LLC

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now <u>appears on our records.</u>) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number L16000116701.	any were filed on JUNE 15 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability 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	Σ
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:	l office address on our records, enter the name of the new here:
New Registered Office Address:	
	Enter Florida street address
	, Florida City
New Registered Agent's Signature, if changing Registered Age	
provisions of all statutes relative to the proper and compl	as provided for in Chapter 605, F.S. Or, if this document is
11.0	Thanging 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
MGR ———	JULISSA PAULINO	7341 MIAMI LAKES DR MIAMI L	Add
			Remove
			Change
MGR	JOHANNA PAULINO	7341 MIAMI LAKES DR MIAMI I	Add
			Remove
			Change
MGR	MARIO RAUL WYNNS	7341 MIAMI LAKES DR MIAMI I	Add
			☐ Remove
			Change
AMBR	MBR JOCELYN PAULINO	7341 MIAMI LAKES DR MIAMI I	Add
			☐ Remove
			Change
			
			Remove
			Change
		·	Add
			Remove
			Change

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•	-		17 SEC:
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ffective date, if other than the	date of filing:	(optiona	Ð
an effective date is listed, the date mus-	be specific and cannot be prior to date of ick does not meet the applicable state	filing or more than 90 days after filing	ig.) Pursuant to 605.02
e record specifies a delayed The 90th day after the reco	effective date, but not an efford is filed.	ective time, at 12:01 a.m	. on the earlier
ated	2017 Cecilini Signature of a member or authorized repr		
1 :	<u> </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00