L16-000120886-2

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: per about amul :1 for 1818 Involvents LLL
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SECRETARY OF STATE
FALLARY SECRETARY

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COVER LETTER

TO:	Registration Sec Division of Corp			
		STMENTS LLC		
SUBJE	CT:	Name of Limit	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please r	eturn all correspor	ndence concerning this matter t	to the following:	
		OSNAT HAY		
			Name of Person	
		1818 INVESTMENTS LLC	С	
			Firm/Company	
		7366 NW 34TH STREET		
			Address	
		LAUDERHILL FL. 33319		
			City/State and Zip Code	
		ASITRISH@BELLSOUTH	NET o be used for future annual report notific	ind and
				canon)
For furt	her information co	oncerning this matter, please ca	all:	
OSNA	ГНАҮ		516 808-1836 at ()	
	Name of	Person	at ()	Telephone Number
Enclose	ed 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

now appears on our records.) Company)
filed on 06/23/2016 and assigned
ompany here:
pany," the designation "LLC" or the abbreviation "LLC."
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CREARAS
SS 5
CO 22 12 12 12 12 12 12 12 12 12 12 12 12
ddress on our records, enter the same of the
Enter Florida street address
ERRO CHITIGA SIFCELARACES
Florida Zip Code

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

Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
	- 		Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change

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fective date, if other than the date on the effective date is listed, the date must be spe	ecitic and cannot be prior t	o date of filing or more tha	(optional) in 90 days after filing.) Pu	rsuant to 60;
ote: If the date inserted in this block do coment's effective date on the Departm		ble statutory filing requ	irements, this date will	not be list
cullent s effective date on the Bepartin	en or state a records.			
record specifies a delayed effe	ctive date, but not	: an effective time.	at 12:01 a.m. on	the earli
The 90th day after the record is		,		
ACTABLE 15	2017			
october 25	2017			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee