LIWOODIZZZUT

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
·	•	
(City)	State/Zip/Phone	- t n
(City)	State/Zip/FitOn	3 m)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
(Poc	ument Number)	
(500)	amont Hambor,	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
-,	J	
		İ

Office Use Only



200291027022

10/18/16--01008--018 **25.00

TILEU AII

S Warren 0CT 1 9 2016

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		AS INVESTMENTS LLC		
ocbseci.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		LUIS R. SMITH	. ·	
			Name of Person	
		JESSEL INVESTMENTS	LLC	
			Firm/Company	
		11402 NW 41ST STREET	SUITE 211	
			Address	
		DORAL, FL 33178		
			City/State and Zip Code	
		LM.JESSEL@GMAIL.CO		
		E-mail address: (to be used for future annual report notific	ation)
For further i	nformation co	oncerning this matter, please ca	all:	
LUIS R. SM	AITH		305 470-2429	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 I	Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, 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

ROSA ROJAS INVESTMENTS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on <u>06/24/2016</u>	and assigned
Florida document number L16000122247		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		** B !!
		SSI - 8
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	and the state of t	
	,	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		florida
	City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MAYULY ROJAS	8323 LAKE DRIVE	■ Add
		# 103	□ Remove
		DORAL, FL 33166	□ Change
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change

	Apr	
		
fective date, if other than the day	ate of filing:e specific and cannot be prior to date of filing or more the	(optional)
ote: If the date inserted in this block	k does not meet the applicable statutory filing req	uirements, this date will not be listed
ocument's effective date on the Department	arment of State's records.	
record specifies a delayed e	effective date, but not an effective time	, at 12:01 a.m. on the earlier
The 90th day after the recor	d is filed.	
September 2	2016	
ated	, ·	
Llengua 7		200
Si	gnature of a member or authorized representative of a	
Yuraima Rojas	•	WANT WE THE
	Typed or printed name of signee	, , , , , , , , , , , , , , , , , , ,
		A II: 33 OF STATE