

L160000 134 649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
2019 NOV 22 PM 3:25  
TAX

0: **Registration Section**  
**Division of Corporations**

**SUBJECT:** Wren 680, LLC  
Name of Limited Liability Company

2 enclosed Articles of Amendment and fee(s) are submitted for filing.

ase return all correspondence concerning this matter to the following:

Ruben Andre Roebert  
Name of Person

\_\_\_\_\_  
Firm/Company

1845 San Marco Rd #200  
Address

Marco Island, FL 34145  
City/State and Zip Code

accounts@myfaithusa.com  
E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

Darcee Mixon at (239) 693-2484  
Name of Person Area Code Daytime Telephone Number

osed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

TO  
ARTICLES OF ORGANIZATION  
OF

Wren 680, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 7-18-2016 and assigned  
Filing document number L16000134649

If an amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

Roebert Investments, L.L.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If amending principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

If amending mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

If amending the registered agent and/or registered office address on our records, enter the name of the new registered  
agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

GR = Manager  
 MBR = Authorized Member

le	Name	Address	Type of Action
	Tamera L. Shattuck	1845 San Marco Rd #303	<input type="checkbox"/> Add
		Marco Island, FL	<input checked="" type="checkbox"/> Remove
		34145	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

