

416000170434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 SEP 19 PM 4:28
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ALABAMA

K. SALY

SEP 22 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WALLEN INVESTMENT GROUP 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:

HERNAN CARNEVALLE

Name of Person

Firm/Company

1800 S OCEAN DR # 709

Address

HALLANDALE BEACH, FL. 33009

City/State and Zip Code

hernan.realestate@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hernan Carnevalle

786

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

WALLEN INVESTMENT GROUP LLC

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

FILED
2016 SEP 19 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/14/2016 and assigned
Florida document number L16000170434.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. 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:

HERNAN CARNEVALLE

New Registered Office Address:

1800 S Ocean Dr. # 709

Enter Florida street address

Hallandale Beach

City

, Florida 33009

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Hernan Carnevalle	1800 S Ocean Dr # 709	<input type="checkbox"/> Add
		Hallandale Beach, Fl. 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN CRUZ	1800 S Ocean Dr # 709	<input checked="" type="checkbox"/> Add
		Hallandale Beach, Fl. 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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200 SEP 19 PM 4:28
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2016 SEP 19 PM 5:40
SECRETARY OF STATE
ALLAHASSET, FLORIDA

2016 SEP 19 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10-10-1944

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated September 15, 2016

Signature of a member or authorized representative of a member

JUAN CRUZ

Typed or printed name of signee