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COVER LETTER

TO:	Registration So Division of Cor					
SURJEC	CT;	Mido	Inve	25 tments (ic.	
O D o E c			Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fe	e(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning	this matter	to the following:		
			irlos	De vesa		_
				ranic of r cison		
		3	en contra	N. do	Investmen	15
				i unit Company		
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For furth	er information co	oncerning this matt			TO HOLLICATION (
				at (305) 4	08-4415	
	Name o	f Person		Area Code i	Daytime Telephone Number	
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\$25.0	00 Filing Fee	♥\$30.00 Filing Certificate o	Fee & of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certifica D Certified	te of Status & Copy
	Registra Divisio P.O. Be	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314		Registration Division of C Clifton Build	Torporations ling ive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nido	Inves	tments	LLC	
		ny as it now appears on (liability Company)		
The Articles of Organization for this Limited Lia Florida document number <u>L16000173</u>	bility Company	were filed on	lie lle	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
			<u> </u>	
The new name must be distinguishable and contain the wo				
Enter new principal offices address, if applica		4100 S Migmi	<u>W 138</u>	Aue.
Principal office address MUST BE A STREET	<u>(ADDRESS)</u>	Migmi	M 331	10 (a)
				~ 7
Enter new mailing address, if applicable:				SSSA T- 4
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		<u>-</u>	3 3
				5 c
				£ c
 If amending the registered agent and/o registered agent and/or the new registered office. 	ce address here	;		
Name of New Registered Agent:		Hery V	alle.	
New Registered Office Address:	4/10	Hery V	BC-+4 A	UE
	MIAM	City	, Florida	33175
		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 Title Name Address Type of Action Carlos Devesa 4100 SW 135 mpc. Manu Fr >>17 Remove Change MGR Hey Valle. 4100 SW 135 are Xadd ☐ Change □ Add □ Rimove SEP Change To Affel A OR Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffecti	ive date, if other than the date of filing: 8/24/17 (optional)
an eff <u>(ote:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing 1 Pursuant 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocum	ent's effective date on the Department of State's records.
rec The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	8/24/17
	Carlos Linesa
	Signature of a member or authorized representative of a member
	CALLOS DEVESA

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