



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN B2A INVESTMENTS LLC

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FILED 2016 DEC 22 P 2 10 SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

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DEC 23 2016

COVER LETTER

Division of Co	rporations		
SUBJECT:		ESTMENTS LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	andence concerning this matter	r to the following:	
		RAFAELA MARTINS	
		Name of Person	
	ı	ACCOUNT BOOKKEEPING CORI	•
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
		5301 CONROY RD STE 140	
		Address	
		ORLANDO FL 32811	
		City/State and Zip Code	
		INFO@ABKCORP.COM	
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
RAFAELA MARTINS		407 898-1757	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, 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

K16000 3133213

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IVESTMENTS LLC		•
(Name of the Limited Liability (A Florida Li	Company as it now appears inited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Con- Florida document number	npany were filed on	9/22/2016	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	d liability company her	<u>.</u> :	
TREOS LLC			
he new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the a	bbreyiation L.L.C."
nter new principal offices address, if applicable:	**************************************		
Principal office address MUST BE A STREET ADDRES	<u> </u>		173 com
			第2 2 上
		:	ר וייין די
nter new mailing address, if applicable:			Z Z Z
Mailing address MAY BE A POST OFFICE BOX)			ORIE E
. If amending the registered agent and/or registere egistered agent and/or the new registered office address	ed office address on s s here:	our records, <u>enter</u>	the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		, 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

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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>	Name	Address	Type of Action
<u> </u>			□ Add
			П Remove
	·		Change
			Add
			☐ Remove
			☐ Change
		A Signal Andrews Control of the Cont	
			□ Remove
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			Add
			☐ Remove
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.			
			□ Remove
		No. and Advanced to the Control of t	记 Change
			Change
		•	SSE COLOR CONTROL CONT
			CRETIAN CHANGE

Page 2 of 3

		enter change(1) here: (Attach additional	sheats, if necessary.)
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	<u> </u>		<u> </u>
			
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h		or of the same of	
<u>Note:</u> If the	ate, if other than the date of a date is listed, the date must be specified date inserted in this block does a effective date on the Department	filing: fic and cannot be prior to date of filing or more that not meet the applicable statutory filing requi t of State's records.	(optional) n 90 days after filing.) Pursuant to 605.0207 (frements, this date will not be listed as t
		ve date, but not an effective time, a led.	at 12:01 a.m. on the earlier of:
Pated	DECEMBER 21 Signature	of a member of authorized representative of a rise	mber
. •		ANTONIO BISELLI	· 2
		Typed or printed name of signes	<u> </u>
		Page 3 of 3	20 m
		rage 5 or 5	SER 3
			7 P