## LILOON 90563

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2017

WALTER ABREU 5743 HOLLYWOOD BLVD HOLLYWOOD, FL 33021

SUBJECT: O & W INVESTMENT GROUP LLC

Ref. Number: L16000190563

We have received your document for O & W INVESTMENT GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 917A00006664

ZOLT AUG 17 AM II: 18 AUL AHASSEE, FLOREN

250-345-4051

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www.sunbiz.org



## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	0+w /n	vestment Group,	LLC.	
<u> </u>	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	WA	CTER ABRELI Name of Person		
		Name of Person		
	0+W1	nvastment Grov	P, LLC	
		runrcompany		
	5743	Hollywood Bive	d Pin E	
		Address	LAG AS	
	<i>I-</i> b11	ywood, FL 330.	2/ AASS	
		City/State and Zip Code	ABRELI Person  Lent Group, LLC  spany  Wood Blvd  FL 33021  Zip Code  Ure annual report notification)  ASSET FL 33021  Zip Code  Daytime Telephone Number  Street/Courier additional copy is enclosed)  STREET/COURIER ADDRESS:	
	E-mail address: (	to be used for future annual report notifica	tion) RF.	ب لد
For further information c	oncerning this matter, please c	all:	UA.	~
WACTER A	ABREU	305 849-8	200412	
	f Person	Area Code Daytime T	elephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
	ING ADDRESS:	STREET/COURIER Registration Section	t address:	

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O+ W / NVESTIMENT (Name of the Limited Liability Compa (A Florida Limited L	GROUP,	LLC .	<del></del>
(A Florida Limited L	liability Company)	on our records.	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	4/4/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	4/2
The new name must be distinguishable and contain the words "Limited Liabil	ity Company " the de	signation "LLC" or the a	hbreviation "L. C."
*	ny company, the de	LA	La
Enter new principal offices address, if applicable:	<del>-</del>		//A 
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			AUG 17 P 2:
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter	OFF.
Name of New Registered Agent:	N/A		
New Registered Office Address:	ida street address		
		Dlo-ida	
<del> </del>	Cîty	, Piorida	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of t	my duties, and I am	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title Name Address Type of Action

MCR Omar Diaz Salnciron 5743 Hollywood Blvd | Add

Hollywood, Fl 33021 | Remove | Change | Add |

| Change | Add | Remove | Change | Add |

| Remove | Change | Change

□ Change
 Add
Remove
 ALLAHASSEE, FLORIDA
 □ Add
□ Remove
Change
Remove
Change

If ameno	ding any other information, enter change(s) here: (Attach additional shee	ets, if necessary.)	
		<del> </del>	
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If an effect Note: If	tive date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 9  the date inserted in this block does not meet the applicable statutory filing require it's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.0 ments, this date will not be listed	0207 (3 d as th
	rd specifies a delayed effective date but not an effective time, at 0th day after the record is filed.	: 12:01 a.m. on the earlie	r of:
Dated	July 26 2/17.		
	Signature of a member or authorized representative of a mem	iber	

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Filing Fee: \$25.00