

L16000196521

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000287235 3)))



H170002872353ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

****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
PROMISED INVESTMENT LAND LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

NOV 01 2017

Y SULKER

2017 OCT 31 PM 5:07

17 OCT 31 AM 8:49

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H17000287235 3

PROMISED INVESTMENT LAND LLC

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

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 25TH, 2016 and assigned
Florida document number L16000196521

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:

New Registered Office Address:

Enter Florida street address

City Florida 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:

H17000287235 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	THIGPEN, RODNEY	3354 MERIDIAN WAY S., UNIT B	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THIGPEN, ALICIA	3354 MERIDIAN WAY S., UNIT B	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THIGPEN, MELISSA	3354 MERIDIAN WAY S., UNIT B	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THIGPEN, MELISSA ANN	3354 MERIDIAN WAY S., UNIT B	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATTHEWS, CARL ENFIELD, III	11583 NW 45TH ST	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSEPH CURTIS, SR.	148 RED CARDINAL LN	<input type="checkbox"/> Add
		PINETOPS, NC 27864	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

H17000287235 3

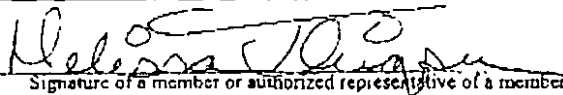
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____ OCTOBER 30TH _____ 2017


Signature of a member or authorized representative of a member

MELISSA ANN THOMPSON

Typed or printed name of signee

H17000287235 3