46000200819

(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500298527585

05/04/17--01018--012 **25.00



MAY 0 5 2017 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FBIJ Investments, UC 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:
Falix Gutiellez Name of Person
FBTJ Investments, UC Firm/Company
2055 SW 122rd Avenue # 506 Address
Miami, Florida 33175 City/State and Zip Code
Paru _ FbtJ @ yahao. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 310 - 7270 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

Name of the Limited (A	IJ ‡	nvestme	ears on our records.)			
The Articles of Organization for this Limited Liabi	ility Company				ssigned	
This amendment is submitted to amend the followi	ing:					
A. If amending name, enter the new name of th	e limited lial	oility company	here:			
NA The new name must be distinguishable and contain the word	s "Limited Liab	ility Company," th	e designation "LLC" o	r the abbreviation "I	"L.C."	_
Enter new principal offices address, if applicable:		NIA	-	-		
(Principal office address MUST BE A STREET)		1-11				-
						-
Enter new mailing address, if applicable:		MA				_
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			万 费了	17	
				1.2		_*`
B. If amending the registered agent and/or	registered a	effice address	on our records		.g	: '
registered agent and/or the new registered office	<u>e address her</u>	re:	on our records,	enter the name	272	. 12
	.1				榜	
Name of New Registered Agent:	NIA			<u> </u>	Ö4	_
New Registered Office Address:	NA					
		Enter F	lorida street address			_
-		City	, Flori			_
New Registered Agent's Signature, if changing Reg	istared Agent	•		Zip Code		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the regompany has been notified in writing of this cha	gent and agr and complete red agent as ristered office	ree to act in thi performance provided for in	of my duties, and . 1 Chapter 605, F.S	I am familiar wil S. Or, if this docs	th and ument is	
	$\mathcal{A}_{\mathcal{A}}$	_				

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>Address</u> Type of Action **Title** Name Sabor Malian Rostaviant, 3970 SW 16th AMBR _**⋉** Add □ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add 300 1370 □ Remove : Change ** 🗖 Add 🥍 Remove ☐ Change _ Add

□ Remove

☐ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		_
		_
		
		_
		-
		_
		-
	· · · · · · · · · · · · · · · · · · ·	
		- <u>.</u> .
	etive date if other than the date of filing:	6
(If an e Note:	ffective date, if other than the date of filing: Coptional	05.0207 (3)(sted as the
f the re b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earle e 90th day after the record is filed.	lier of:
Dated	May 1 2017.	
	Signifure of a member or authorized representative of a member Falix Gutialie Z	

Page 3 of 3

Filing Fee: \$25.00