117000030161

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
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COVER LETTER

то:	Registration Sec Division of Corp			
SUBJEC		INVESTMENTS, LLC		
SUBJE		Name of Lim	ited Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		SHERRI L. SOUTHWELI	L	
			Name of Person	
			Firm/Company	
		552 Frandor Place		
			Address	
		Apollo Beach, Florida 335	72	
			City/State and Zip Code	
		MsSherri.Southwell@gmai		
			to be used for future annual report notifi	cation)
For furth	her information co	oncerning this matter, please ca	all:	
SHERR	I L. SOUTHWEI	_L	813 410-7027	
	Name of	`Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

R. E. DIVA INVESTMENTS, LL (Name of the Lim		ny as it now appears on our records. Liability Company)	<u> </u>		
The Articles of Organization for this Limited L Florida document number L17000030161	Liability Company	were filed on 2/7/2017	and a	ssigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "	L.L.C."	
Enter new principal offices address, if applicable:		552 Frandor Place			
(Principal office address MUST BE A STRE		Apollo Beach, Florida 33572			
					
Enter new mailing address, if applicable:		552 Frandor Place			
(Mailing address MAY BE A POST_OFFICE	(BOX)	Apollo Beach, Florida 33572			
B. If amending the registered agent and registered agent and/or the new registered of			enter the name	<u>of th</u>	e new
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A		4 - 5 24 ¹ 9 4244	17	
		Enter Florida street address		App.	— —
	N/A	, Flor	ida	70 N	
		City	Zip Code	?	
New Registered Agent's Signature, if changing	Registered Agent:			L2 19	1.
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my duties, and provided for in Chapter 605, F	l I am familiar w .S. Or. if this doc	il <u>h </u> ana cument	1

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>Title</u>	<u>Name</u>	Address	Type of Action
MGR ANGEL M. DELCOLLADO		1439 WALDRUP ROAD	
		LAKELAND, FL 33810-0231	■ Remove
			Change
MGR	TAMARA S. SOUTHWELL	552 Frandor Place	⊟ Add
		Apollo Beach, Florida 33572	□ Remove
			☐ Change
		Remove T	
	•	Remove Change	
			Add
			□ Remove
			Change
			□ Add
		Remove	
		Change	
			Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	N/A
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Note:	ive date, if other than the date of filing: (optional) ective 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)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	cord 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.
Dated	April 12 , 2017.
	April 12 . 2017 . Signature of a member or authorized representative of a member
	SHERRI L. SOUTHWELL

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Typed or printed name of signee

Filing Fee: \$25.00