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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

Registration Section Division of Corporations

TO:

FMBJ I SUBJECT:	NVESTMENTS LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	amanda vanzei	.A ESTEVES	1
		Name of Person	
	GOLDEN HILLS S	ERVICES INC	
		Firm/Company	
	6925 LAKE ELLEN	OR DRIVE SUITE 117	
		Address	
	ORLANDO / FL 3	2809	1
	AMANDA@BIZN	City/State and Zip Code VEZSOLUTIONS.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
AMANDA VANZI	ELA ESTEVES	407 5443244	Į.
Name of Person		at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registration Secti Division of Corpo	
	assee, FL 32314	Clifton Building 2661 Executive C	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FMBJ INVESTMENTS LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	2662 CORVETTE LANE
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE - FL - 34746
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	2662 CORVETTE LANE KISSIMMEE - FL - 34746 ffice address on our records, enter the name of the new e:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agro provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
MGR	MAYRA MOURA DOURADO ZAMPAR	2662 CORVETTE LANE KISSIMMEE - FL - 34746	
		RISSIMINIEE - FL - 34/40	
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effective date is listed, the date must be specific if the date inserted in this block does not	ot meet the applicable	te of thing or more that statutory filing requ	n 90 days after filing. irements, this date) Pursuant to 605 will not be liste
ment's effective date on the Department of	of State's records.			
ecord specifies a delayed effective	e date, but not an	effective time,	at 12:01 a.m.	on the earlie
e 90th day after the record is file	ed.	,	,	
NOVEMBER 21	2017 ,	/	T	
d	- Track	/		
	FUFF.			
Signature	I a member or authorized	representative of a m	ember	