L17000067509

₩.		
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





900309389239

02/26/18--01049--012 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Se Division of Cor			
PSF INVES SUBJECT:	TMENTS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fcc(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	FRANCISCO SOBRIN		
		Name of Person	Algorita
		Firm/Company	
	13346 NW 8 LANE		
		Address	
	MIAMI, FLORIDA 33182		
		City/State and Zip Code	
	sobrinf@bellsouth.net		· · · · · · · · · · · · · · · · · · ·
	ti-mail address: (i	to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
FRANCISCO SOBRIN		786 2772468	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed 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)	S60.00 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

Company as it now appears on our rec Limited Liability Company)	ords.)
ompany were filed on MARCH 24, 2	and assigned
ed liability company here:	
ed Liability Company," the designation "I	.L.C" or the abbreviation "L.L.C."
	·
<u> </u>	SECRETA TALLAHAS 18 FEB 2
	SSECONO POR SECONO POR POR POR POR POR POR POR POR POR PO
	F STATE FLORIDA
ered office address on our reco ess here:	ords, enter the name of the new
	-
Enter Florida street add	dress
	Planida
^	Florida Zip Code
	ed liability company here: ed Liability Company," the designation "I ESS) Ered office address on our reco

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ADRIANNA P SOBRIN	13346 NW 8 LANE MIAMI, FLOF	■ Add
٠			Remove
		<u></u>	Change
			Remove
			Change
			Remove
			□ Change
			Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			□ Change

•				
				
		-		
·				
<u> </u>				
				_
				1
				6
				PH 7
				7: 12
				
fective date, if other than the in effective date is listed, the date mus	date of filing:	ha miasta data af filia	(optic	onal)
te: If the date inserted in this bloom	ock does not meet the	e applicable statutor	y filing requirements, this	date will not be listed as
cument's effective date on the De	epartment of State's i	records.		
record specifies a delayed	l effective date II	hut not an effect	rive time, at 12:01 a	a.m. on the earlier o
The 90th day after the rec				
Calamana 22	2011	o.		
ated February 22	2018	·		
	D			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00