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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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DIVISION OF CORPURATION

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# **COVER LETTER**

TO:	Registration Section Division of Corpor				
SURIE	CT: Privesti	neut LLC			
	<u> </u>	Name of Limi	ted Liability Company		
The enc	losed Articles of Am	endment and fee(s) are subm	nitted for filing.		
Please r	eturn all corresponde	nce concerning this matter t	o the following:		
		Na#h	ew Holtz Name of Person		
			Name of Person		
		Weinkle	Abergel Law Firm/Company	Group, LLC	<u>.                                    </u>
		605 Lin	coln Cd, S	Suite 250	<u> </u>
		Miami Be	ach, FL 3° City/State and Zip Code	3139	
	_	matthew C w.	City/State and Zip Code	CC NA	v.
For furt	her information conc	erning this matter, please ca	•	report notification.	,
	latthew 4	:1+2	at (	330 - 6	928
	Name of Per	rson	Area Code	Daytime Telepl	none Number
Enclose	d is a check for the fo	ollowing amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		\$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

Privestment	LLC			
(Name of the Limited Liabil (A Florid	ity Company as it no a Limited Liability Co	w appears on our reompany)	cords.)	
The Articles of Organization for this Limited Liability Of Florida document number <u>LITOOOG9320</u>	Company were file	ed on 4 27	2017	_ and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability com	pany here:		
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDITIONAL OF A STREET A		ny," the designation "	LLC" or the abbre	viation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				Y 15 PH 1:4
B. If amending the registered agent and/or registered agent and/or the new registered office add	<u>lress here</u> :			
Name of New Registered Agent.	Lucoln	0 - 1 5	. >-	
New Registered Office Address: 605	LINCOIN	Enter Florida street ad	Idress	<u> </u>
	Urami Bear	ch	, Florida3	3139
	City			Lip 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 Stenature of New Registered Agent

Page Tof 3

If amending Authorized Person(s) authorized to manage,  $\underline{\text{enter the title, name, and address of each person}}$  being added  $\underline{\text{or removed from our records}}$ :

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Clinton Nowak	1350 Davenport Rd, April	Add
		1350 Davenport Rd, April	Remove
			Change
			🗆 Add
		-	□ Remove
			Change
			□ Remove
		·	□ Change
			□ Add
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			_□ Remove

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Filing Fee: \$25.00